| Fill in this information to identify your case: | |
|--|--|
| United States Bankruptcy Court for the: Eastern District of New York | |
| Case number (If known): | Chapter you are filing under: ☑ Chapter 7 |
| | ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 |
| | general control of the control of th |

| CLEAX U.S. DALEMENTOY EASTED TO MARKET OF MICHAEL |
|--|
| 2019 JUL 30 A 9 04 |
| Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | art 1: Identify Yourself | | |
|----------------|--|----------------------------|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture | hansik First name | First name |
| | identification (for example, your driver's license or passport). | Middle name | Middle name |
| | Bring your picture identification to your meeting | park Last name | Last name |
| | with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| gents/calcolor | | | |
| 2. | All other names you have used in the last 8 years | hansik First name | First name |
| | Include your married or maiden names. | Middle name Yang | Middle name |
| | | Last name | Last name |
| | | First name | First name |
| | | Middle name | Middle name |
| | | Last name | Last name |
| \$10,70,000000 | | | |
| 3. | Only the last 4 digits of your Social Security | xxx - xx - <u>6 9 9 7</u> | xxx - xx |
| | number or federal Individual Taxpayer | OR 9 xx - xx | OR 9 xx - xx |
| | Identification number (ITIN) | | |

| _{Debtor 1} hansik park | | Case number (if known) |
|--|--|--|
| First Name Middle I | Name Last Name | |
| per reference de constituto de | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| Any business names and Employer Identification Numbers (EIN) you have used in | ☑ I have not used any business names or EINs. | ☐ I have not used any business names or EINs. |
| the last 8 years | Business name | Business name |
| Include trade names and doing business as names | Business name | Business name |
| | | |
| | EIN | EIN |
| | EIN | EIN |
| 5. Where you live | eridinak kuni-matanaka ta tron at matamon ta adalam ta a | If Debtor 2 lives at a different address: |
| | 26 AVENUE A | |
| | Number Street | Number Street |
| | | |
| | Port Washington NY 11050 | |
| | City State ZIP Code | City State ZIP Code |
| | Nassau County | County |
| | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | Number Street | Number Street |
| | P.O. Box | P.O. Box |
| | City State ZIP Code | City State ZIP Code |
| 6. Why you are choosing | Check one: | Check one: |
| this district to file for bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | I have another reason. Explain. (See 28 U.S.C. § 1408.) | I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | |
| | | |
| | | |

| Debtor 1 hansik park | | | | | Case number (if k | known) |
|---|--|--|--|--|---|---|
| First Name Middle N | ame | Last Name | | | | |
| Part 2: Tell the Court Abo | ut Your E | ankrup | itcy Case | | | |
| 7. The chapter of the Bankruptcy Code you | | | | | | 1 U.S.C. § 342(b) for Individuals Filing he appropriate box. |
| are choosing to file under | ☑ Cha | pter 7 | | | | |
| under | ☐ Cha | pter 11 | | | | |
| | ☐ Cha | pter 12 | | | | |
| | ☐ Cha | pter 13 | | | | |
| 8. How you will pay the fee | loca your subr with I nec App I rec By la less pay | I court for self, you mitting y a pre-ped to padication in the self. I could be self. I cou | or more details a u may pay with corour payment on rinted address. The for Individuals to the | bout how you mash, cashier's cyour behalf, you tallments. If you hay the filling lived (You may not required to, we poverty line that you choose the | nay pay. Typical theck, or money ar attorney may u choose this or Fee in Installment request this optivative your fee, at applies to you is option, you may be the control of the control | eck with the clerk's office in your lly, if you are paying the fee order. If your attorney is pay with a credit card or check official, sign and attach the ents (Official Form 103A). It ion only if you are filing for Chapter 7, and may do so only if your income is ar family size and you are unable to nust fill out the Application to Have the with your petition. |
| e. Have you filed for bankruptcy within the | ☑ No | District | | M/hon | | Cace number |
| last 8 years? | u res. | DISTRICT | | vvnen | MM / DD / YYYY | Case number |
| | | District | | When | MM / DD / YYYY | Case number |
| | | District | | When | | Case number |
| io. Are any bankruptcy | ☑ No | | | | | |
| cases pending or being filed by a spouse who is | | Debtor | | | | Relationship to you |
| not filing this case with you, or by a business partner, or by an affiliate? | | | | | | Case number, if known |
| amiliate? | | Debtor | | | | Relationship to you |
| | | | | | | Case number, if known |
| Do you rent your residence? | ☑ No. □ Yes. | ☐ No. ☐ Yes | ur landlord obtained Go to line 12. | ement About an E | - | ? * Against You (Form 101A) and file it as |

| btor 1 hansik park First Name Middle Nam | ne Last Name | Case number (if known) |
|---|---|---|
| rt 3: Report About Any E | Businesses You Own as a s | Sole Proprietor |
| | | |
| Are you a sole proprietor of any full- or part-time | No. Go to Part 4. | |
| business? | Yes. Name and location of | f business |
| A sole proprietorship is a business you operate as an | | |
| individual, and is not a separate legal entity such as | Name of business, if any | у |
| a corporation, partnership, or LLC. | Number Street | |
| If you have more than one | | |
| sole proprietorship, use a separate sheet and attach it | | |
| to this petition. | City | State ZIP Code |
| | Check the appropriate | te box to describe your business: |
| | Health Care Busin | iness (as defined in 11 U.S.C. § 101(27A)) |
| | ☐ Single Asset Rea | al Estate (as defined in 11 U.S.C. § 101(51B)) |
| | ☐ Stockbroker (as d | defined in 11 U.S.C. § 101(53A)) |
| | ☐ Commodity Broke | er (as defined in 11 U.S.C. § 101(6)) |
| | ☐ None of the above | <i>r</i> e |
| Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D). | any of these documents do no No. 1 am not filing under C | apter 11, but I am NOT a small business debtor according to the definition in |
| | Yes. I am filing under Chap Bankruptcy Code. | apter 11 and I am a small business debtor according to the definition in the |
| art 4: Report if You Own | or Have Any Hazardous Pr | roperty or Any Property That Needs Immediate Attention |
| Do you own or have any | ☑ No | |
| property that poses or is alleged to pose a threat | ☐ Yes. What is the hazard? | ? |
| of imminent and | | |
| identifiable hazard to public health or safety? | | |
| Or do you own any | | |
| property that needs immediate attention? | If immediate attention | on is needed, why is it needed? |
| For example, do you own | | |
| perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | |
| ÷ · | Where is the proper | |
| | | Number Street |
| | | |
| | | |
| | | City State ZIP Code |

| Debtor 1 | hansik par | rk | | Case number (if known) |
|----------|------------|-------------|-----------|------------------------|
| | First Name | Middle Name | Last Name | |

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

You must check one:

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

| About Debtor 1: | |
|-----------------|--|

☐ I received a briefing from an approved credit counseling agency within the 180 days before I

filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment

plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| į | ┙ | I am not required to receive a briefing a | about |
|---|---|---|-------|
| | | credit counseling because of: | |

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing a | bout |
|---|------|
| credit counseling because of: | |

☐ Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone or

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Del | _{btor 1} hansik park | | Case number | (if known) |
|-----|---|---|---|--|
| 50. | First Name Middle Nam | e Last Name | | |
| Pa | art 6: Answer These Ques | stions for Reporting Purpos | es | |
| | What kind of debts do | 16a Are vour debts primar | | debts are defined in 11 U.S.C. § 101(8) household purpose." |
| | you have? | No. Go to line 16b. Yes. Go to line 17. | | |
| | | 16b. Are your debts primar money for a business or in | rily business debts? Business devestment or through the operation of | ebts are debts that you incurred to obtain f the business or investment. |
| | | □ No. Go to line 16c.□ Yes. Go to line 17. | | |
| | | 16c. State the type of debts you | u owe that are not consumer debts o | r business debts. |
| 17. | Are you filing under Chapter 7? | ☐ No. I am not filing under Ch | hapter 7. Go to line 18. | му достовного под при |
| | Do you estimate that after any exempt property is excluded and administrative expenses | Yes. I am filing under Chapt administrative expense No Š. Yes | ter 7. Do you estimate that after any es are paid that funds will be availabl | exempt property is excluded and e to distribute to unsecured creditors? |
| | are paid that funds will be available for distribution to unsecured creditors? | CAL YES | | |
| 18. | How many creditors do you estimate that you owe? | ✓ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999 | ☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 10,001-25,000 | ☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than 100,000 |
| 19. | How much do you estimate your assets to be worth? | □ \$0-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000 ☑ \$500,001-\$1 million | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| 20. | How much do you estimate your liabilities to be? | □ \$0-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000 ☑ \$500,001-\$1 million | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| Ρŧ | art 7: Sign Below | | | |
| Fo | or you | correct. If I have chosen to file under Ch | nanter 7 I am aware that I may proc | that the information provided is true and eed, if eligible, under Chapter 7, 11,12, or 13 er each chapter, and I choose to proceed |
| | | If no attorney represents me an | id I did not pay or agree to pay some and read the notice required by 11 t | eone who is not an attorney to help me fill out J.S.C. § 342(b). |
| | | | ith the chapter of title 11, United Sta | |
| | | I understand making a false sta with a bankruptcy case can rest 18 U.S.C. §§ 152, 1341, 1519, | ult in fines up to \$250,000, or impriso | ining money or property by fraud in connection onment for up to 20 years, or both. |
| | | Signature of Debtor 1 | Sign | nature of Debtor 2 |
| | | Executed on 07/29/2019 |) YYYY Exe | cuted on |

| Debtor 1 hansik park Case nu | | e Last Name Case number (if known) |
|---|-------------------------------------|---|
| | | |
| bankruptc attorney | you are filing this y without an | The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney. |
| If you are represented by an attorney, you do not need to file this page. | | To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay. |
| | | You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned. |
| | | If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply. |
| | | Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences? No Yes |
| | | Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned? □ No □ Yes |
| | | Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms? ✓ No ✓ Yes. Name of Person |
| | | By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case. |
| | | × play × |
| | | Signature of Debtor 1 Signature of Debtor 2 |
| | | Date 07/29/2016 Date MM / DD / YYYY |
| | | Contact phone Contact phone |
| | | Cell phone Cell phone |

Email address

| J | ill in this ir | nformation to identify | your case: | | | |
|--------------|--------------------|--|---|--|---|---|
| [| Debtor 1 | Hansik Park | | | | |
| [| ebtor 2 | First Name | Middle Name | Last Name | | |
| | Spouse, if filing) | First Name | Middle Name. | Last Name | | |
| l | Inited States | Bankruptcy Court for the: | Eastern District of Ne | w York (State) | | |
| C | ase number | (If known) | | | | Check if this is an amended filing |
| | | 332700 | ANMIN PAR | | | • |
| | | | | | | |
| | | Form 106Sum | | | | |
| S | ummai | ry of Your As | sets and Lia | abilities and | l Certain Statistical Info | rmation 12/15 |
| inf | ormation. F | te and accurate as po Fill out all of your scho forms, you must fill o | edules first; then cor | mplete the informati | ogether, both are equally responsible for ion on this form. If you are filing amended the top of this page. | supplying correct I schedules after you file |
| Pa | ant 1a Su | ımmarize Your Ass | ets | ···· | | |
| | | | | | | Your assets Value of what you own |
| 1. | | A/B: Property (Official Fine 55, Total real estate | | 26 AVE A POF | RT WASHINGTON NY 11050 | _{\$} _653,000 |
| | | | | e A/B | | \$ |
| | 1c. Copy lir | ne 63, Total of all prope | rty on <i>Schedule A/B</i> . | | | \$ |
| Pa | art 2: Su | ımmarize Your Liab | oilities | | | |
| and a second | | | | | | |
| | | | | | | Your liabilities Amount you owe |
| 2 | Schedule [|); Creditors Who Have | Claims Secured by Pr | roperty (Official Form | 106D) | s 653,000.00 |
| ۷. | | | | | the last page of Part 1 of Schedule D | \$ |
| 3. | Schedule E | E/F: Creditors Who Hav | e Unsecured Claims (t 1 (priority unsecured | Official Form 106E/F I claims) from line 6e |) of <i>Schedule E/F</i> | \$ 2,000 |
| | | | | | e 6j of Schedule E/F | • |
| | ob. Copy w | io total olasilo nomi al | (| • | | + \$ |
| | | | | | Your total liabilities | \$1,000.00 |
| | | | | | | |
| Pa | anta: Su | ımmarize Your Inco | ome and Expense: | s | | |
| | | | 405" | | | |
| 4. | Schedule I. | : Your Income (Official combined monthly inco | ⊢orm 106l) ome from line 12 of Sc | chedule I | | \$1,000.00 |
| | | | | | | |
| 5. | Copy your | I: Your Expenses (Offic monthly expenses fron | n line 22c of <i>Schedule</i> | J | | \$ <u>1000</u> |

| Dahiaa | Casi | e number (if known) | |
|----------------------------|--|--|---|
| Debtor 1 | First Name Middle Name Last Name | • | |
| | | | |
| | Answer These Questions for Administrative and Statistical Records | | |
| Part 4 | Answer These Questions for Administrative and Statistical Resorts | | |
| | you filing for bankruptcy under Chapters 7, 11, or 13? | | |
| | | | |
| | No. You have nothing to report on this part of the form. Check this box and submit this for | m to the court with your other | r schedules. |
| \checkmark | Yes | | |
| 1641-022-2-1246 | | The many power on your thinks the tracket of more into the electric contract of the electric problem, with the backets defined and the electric contract of the electric co | anna da magasarray da la fara a la la calante de la cal |
| 7. Wh | at kind of debt do you have? | | |
| | to be a second of the second o | ndividual primarily for a perso | enal. |
| ¥ | Your debts are primarily consumer debts. Consumer debts are those "incurred by an iffamily, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpose. | es. 28 U.S.C. § 159. | |
| | | | - al accelerate |
| | Your debts are not primarily consumer debts. You have nothing to report on this part | of the form. Check this box ar | ia suomii |
| | this form to the court with your other schedules. | | |
| Propositional States (St.) | | a Source New York and a state from the control of the control of the control of the product of the government | egine in levry control residence in our levels dissistables de trouvel en level i en included de residence de |
| 8 Fro | om the Statement of Your Current Monthly Income: Copy your total current monthly inc | ome from Official | 4000 |
| For | m 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | | \$ <u>1000</u> |
| | | | |
| | | entallik och mit om store med til sem er till krime sattle på ett och til set och met etter som er ble tog kritigt på | ttyr el televisitet i paris er en |
| | | | |
| | | | |
| 9. Co | by the following special categories of claims from Part 4, line 6 of Schedule E/F: | | |
| | | | |
| | | Total claim | |
| | | + | |
| F | rom Part 4 on Schedule E/F, copy the following: | | |
| | | | |
| 0.0 | Domestic support obligations (Copy line 6a.) | \$ | |
| ea. | Donlestic support obligations (copy line out) | | |
| | The state of the state of the sequent and the sequent (Copy line 6h) | \$ | |
| 90. | Taxes and certain other debts you owe the government. (Copy line 6b.) | | |
| _ | and the state of the second interview of the second second (Conv. line 60.) | <u>\$</u> 0 | |
| 9c. | Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | | |
| | | 0.00 | |
| 9d. | Student loans. (Copy line 6f.) | \$ | |
| | and the second s | 0.00 | |
| 9e. | Obligations arising out of a separation agreement or divorce that you did not report as | \$ | |
| | priority claims. (Copy line 6g.) | | |
| Ωf | Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | + \$ 0.00 | |
| .ان | Sould to portion of profit officially profit, and the sould be sould be portion of profit of pro | | 7 |
| | | | |
| 9g | Total. Add lines 9a through 9f. | Φ | |
| | | | - |

| Fill in this information to identify your case and this | filling: | | |
|--|---|--|---------------------------------------|
| Debtor 1 Hansik Park | | | |
| First Name Middle Name Debtor 2 | Last Name | | |
| (Spouse, if filing) First Name Middle Name | Last Name | | |
| United States Bankruptcy Court for the: Eastern District of N | ew York | | |
| Case number | | | Check if this is an amended filing |
| Official Form 106A/B | | | |
| Schedule A/B: Propert | y | | 12/15 |
| In each category, separately list and describe items category where you think it fits best. Be as comple responsible for supplying correct information. If more write your name and case number (if known). Answer | s. List an asset only once. If an asset fits in more to te and accurate as possible. If two married people ore space is needed, attach a separate sheet to thi | s form. On the top of a | ii aio oquany |
| A CONTRACTOR OF THE PROPERTY O | Comments of the second | | |
| Do you own or have any legal or equitable intere | st in any residence, building, land, or similar propi | erty r | |
| No. Go to Part 2.✓ Yes. Where is the property? | | | |
| 26 AVENUE A | What is the property? Check all that apply. Single-family home | Do not deduct secured cla the amount of any secured Creditors Who Have Clain | I claims on Schedule D: |
| Street address, if available, or other description | ✓ Duplex or multi-unit building✓ Condominium or cooperative | Current value of the | Current value of the |
| 653,000 | Manufactured or mobile home | entire property? | portion you own? \$ 653,000.00 |
| | Land Investment property | \$ | <u> </u> |
| PORT WASHINGTC NY 11050 City State ZIP Code | Timeshare Other 2,000 | Describe the nature of interest (such as fee the entireties, or a life | simple, tenancy by |
| | Who has an interest in the property? Check one. | | , |
| | ☑ Debtor 1 only | | |
| County | Debtor 2 only | Check if this is co | mmunity property |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | (see instructions) | |
| | Other information you wish to add about this it property identification number: | em, such as local | |
| If you own or have more than one, list here: | property identification number. | | |
| | What is the property? Check all that apply. Single-family home | Do not deduct secured cla the amount of any secure Creditors Who Have Clair | d claims on <i>Schedule D:</i> |
| Street address, if available, or other description | Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home | Current value of the entire property? | Current value of the portion you own? |
| | Land | \$ | \$ |
| City State ZIP Code | ☐ Investment property ☐ Timeshare ☐ Other 1000 | Describe the nature of interest (such as fee the entireties, or a life | simple, tenancy by |
| | Who has an interest in the property? Check one. | | |
| | ☑ Debtor 1 only ☐ Debtor 2 only | | |
| County | ☐ Debtor 1 and Debtor 2 only | Check if this is co | mmunity property |
| | ☐ At least one of the debtors and another | (see instructions) | |
| | Other information you wish to add about this ite property identification number: | em, such as local | |
| | FF7 | | 12 |

| Debtor 1 | Hansik Park | | Case number (if kin | own) | | | |
|------------------------|---|------------------------|--|--|---|--|--|
| D00107 1 | First Name Middle Na | me Last Name | | | | | |
| 4.2 | | | What is the property? Check all that apply. Single-family home | Do not deduct secured cla the amount of any secured Creditors Who Have Clain | I claims on Schedule D: | | |
| 1.3. | Street address, if available, o | or other description | Duplex or multi-unit building Condominium or cooperative | Current value of the | Current value of the portion you own? | | |
| | 1000 | | Manufactured or mobile home | entire property? | \$ | | |
| | | | ☐ Land ☐ Investment property | | | | |
| | City | State ZIP Code | ☐ Timeshare | Describe the nature of interest (such as fee | simple, tenancy by | | |
| | | | Other 0 | the entireties, or a life | e estate), if known. | | |
| | | | Who has an interest in the property? Check one. | | | | |
| | County | | Debtor 1 only Debtor 2 only | | | | |
| | County | | Debtor 1 and Debtor 2 only | Check if this is co (see instructions) | mmunity property | | |
| | | | At least one of the debtors and another | , | | | |
| | | | Other information you wish to add about this ite property identification number: | m, such as local | | | |
| | | | | for magain | 0.00 | | |
| 2: Add t | he dollar value of the po | rtion you own for a | ll of your entries from Part 1, including any entries nere | s tor pages → | \$ | | |
| you i | lave attached for Fart 1. | Wille that hames. | | | | | |
| Part 2: Do you you own | Own, lease, or have lega that someone else drives | | st in any vehicles, whether they are registered or le, also report it on Schedule G: Executory Contracts | not? Include any vehicle and Unexpired Leases. | s | | |
| 3. Cars | , vans, trucks, tractors, | sport utility vehicles | s, motorcycles | | | | |
| ☑ / | | | | | | | |
| | | i | Who has an interest in the property? Check one. | Do not deduct secured o | laims or exemptions. Put | | |
| 3.1. | | - | Debtor 1 only | Creditors Who Have Cla | ims Secured by Property. | | |
| | Model: Year: | | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | Current value of the | Current value of the portion you own? | | |
| | Approximate mileage: | | At least one of the debtors and another | entire property? | portion you own: | | |
| | Other information: | | Constitution of the consti | \$0.00 | \$ | | |
| | | | ☐ Check if this is community property (see instructions) | | | | |
| 16 | ou own or have more than | one describe here: | | | | | |
| it yo | ou own or have more than | one, deconing the e | Who has an interest in the property? Check one. | Do not deduct secured | claims or exemptions. Put | | |
| 3.2. | | 0 | Debtor 1 only | the amount of any secu | ed claims on Schedule D: nims Secured by Property. | | |
| | Model: | 00 | Debtor 2 only | Current value of the | Current value of the | | |
| | Year: | | Debtor 1 and Debtor 2 onlyAt least one of the debtors and another | entire property? | portion you own? | | |
| | Approximate mileage: Other information: | | | ¢ | \$ | | |
| | Other Information. | | Check if this is community property (see instructions) | \$ | T | | |

| ake: pproximate mileage: ake: pproximate mileage: ake: potential information: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured claithe amount of any secured Creditors Who Have Claim Current value of the entire property? \$ | I claims on Schedule D: Is Secured by Property. |
|--|---|---|--|
| odel: pproximate mileage: ake: odel: pproximate mileage: | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | the amount of any secured Creditors Who Have Claim: Current value of the entire property? \$ Do not deduct secured clathe amount of any secured. | claims on Schedule D: is Secured by Property. Current value of the portion you own? |
| odel: pproximate mileage: ake: odel: pproximate mileage: | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | the amount of any secured Creditors Who Have Claim: Current value of the entire property? \$ Do not deduct secured clathe amount of any secured. | claims on Schedule D: is Secured by Property. Current value of th portion you own? |
| odel: pproximate mileage: ake: odel: pproximate mileage: | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | Current value of the entire property? \$ Do not deduct secured clathe amount of any securer. | Current value of th portion you own? |
| poproximate mileage: poproximate mileage: ther information: ake: odel: poproximate mileage: | Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | \$ Do not deduct secured cla | portion you own? |
| oproximate mileage: ther information: ake: odel: ear: pproximate mileage: | At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | \$ Do not deduct secured cla | portion you own? |
| ake: odel: ear: pproximate mileage: | ☐ Check if this is community property (see instructions) Who has an interest in the property? Check one. ☐ Debtor 1 only ☐ Debtor 2 only | the amount of any secured | \$ |
| ake: odel: ear: pproximate mileage: | instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | the amount of any secured | \$ |
| odel: ear: pproximate mileage: | instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | the amount of any secured | |
| odel: ear: pproximate mileage: | Debtor 1 only Debtor 2 only | the amount of any secured | |
| odel: ear: pproximate mileage: | Debtor 2 only | the amount of any secured | ims or exemptions. Put |
| ear:pproximate mileage: | - | creattors vvno Have Clain | ns Secured by Property. |
| pproximate mileage: | Debter 4 and Debter 2 only | Current value of the | production and a second second contraction. |
| - | Deptor 1 and Deptor 2 only | entire property? | portion you own? |
| ther information: | At least one of the debtors and another | and brokens, | |
| | _ | \$ | \$ |
| | ☐ Check if this is community property (see instructions) | Ψ | |
| | | | |
| | | | |
| | | | |
| | the state of the respictor and access | enries | |
| | | | |
| laka: | Who has an interest in the property? Check one. | Do not deduct secured cla | aims or exemptions. Put |
| | Debtor 1 only | the amount of any secure Creditors Who Have Clair | ns Secured by Property. |
| lodel: | Debtor 2 only | | |
| ear: | Debtor 1 and Debtor 2 only | Current value of the | Current value of the |
| other information: | At least one of the debtors and another | entire property? | portion you own? |
| | ☐ Check if this is community property (see instructions) | \$ | \$ |
| wn or have more than one, list here | Э : | | |
| | | Do not deduct secured cl | aims or exemptions. Put |
| Make: | | the amount of any secure Creditors Who Have Clair | ed claims on Schedule D ms Secured by Property |
| Model: | - | | Authorities and an experience of the second |
| 'ear: | Debtor 1 and Debtor 2 only | | portion you own? |
| Other information: | ☐ At least one of the debtors and another | Cuma h. sha | |
| | ☐ Check if this is community property (see instructions) | \$ | \$ |
| | | | |
| | es: Boats, trailers, motors, personal lake: lodel: ear: wh or have more than one, list here lake: lodel: lodel: lodel: lodel: lodel: lodel: lodel: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | Debtor 1 only Creditors Who Have Clair Debtor 2 only Current value of the entire property? Check if this is community property (see instructions) Debtor 1 only Current value of the entire property? Check if this is community property (see instructions) Debtor 1 only Debtor 1 only Debtor 2 only Check if this is community property (see instructions) Debtor 1 only Debtor 2 only Current value of the amount of any secure Creditors Who Have Clair Debtor 1 only Current value of the entire property? Debtor 1 and Debtor 2 only Current value of the entire property? Debtor 1 and Debtor 2 only Current value of the entire property? Debtor 1 and Debtor 2 only Current value of the entire property? Debtor 1 and Debtor 2 only Current value of the entire property? Debtor 1 and Debtor 2 only Current value of the entire property? Debtor 1 and Debtor 2 only Current value of the entire property? |

Debtor 1

| Hansik Park | |
|-------------|-----------|
| | L A Maria |

Case number (if known)_____

| Parit 69 | Describe | Your Persona | l and | Household | lter |
|----------|----------|--------------|-------|-----------|------|

| Do you own or have any legal or equitable interest in any of the following items? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|--|--|
| Examples: Major appliances, furniture, linens, china, kitchenware The second | |
| ☐ No ☑ Yes. Describe Misc household Items and Good | \$1,000.00 |
| Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, collections; electronic devices including cell phones, cameras, media players, games | scanners; music |
| ☐ Yes. Describe | \$ |
| Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art ob stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No | ojects; |
| Yes. Describe | \$ |
| Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf cl and kayaks; carpentry tools; musical instruments | lubs, skis; canoes |
| ☑ No ☐ Yes. Describe | \$ |
| 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ✓ No ✓ Yes. Describe | |
| 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories No | |
| Yes. Describe clothes | \$1,000.00 |
| 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, gold, silver ☑ No ☐ Yes, Describe | \$ |
| 13. Non-farm animals Examples: Dogs, cats, birds, horses | ородиция — постава подделення от от ответствення от от ответствення от |
| ✓ No Yes. Describe | \$ |
| 14. Any other personal and household items you did not already list, including any health aids y | ou did not list |
| ✓ No Yes. Give specific information | \$ |
| 15 Add the dollar value of all of your entries from Part 3, including any entries for pages you ha | * 2,000.00 |
| for Part 3. Write that number here | |

Case number (if known)____

| ☑ No | have in your wallet, in your hom | | | or exemption | nns |
|--|--|---|--------------------------------|--------------|------|
| Examples: Money you | have in your wallet, in your hom | | | | nio. |
| | | e, in a safe deposit box, and on hand when y | ou file your petition | | |
| | | | | | 0.00 |
| □ Yes | | | Cash: | \$ | 0.00 |
| and other si | avings, or other financial accou imilar institutions. If you have m | nts; certificates of deposit; shares in credit ur ultiple accounts with the same institution, list | ions, brokerage house each. | s, | |
| ☑ Yes | | Institution name: | | | |
| | 17.1. Checking account: | Capital One | | \$ | 2000 |
| | 17.2. Checking account: | | | \$ | |
| | 17.3. Savings account: | | | _ \$ | |
| | 17.4. Savings account: | | | _ \$ | |
| | 17.5. Certificates of deposit: | | | _ \$ | |
| | 17.6. Other financial account: | | | _ \$ | |
| | 17.7. Other financial account: | | | _ \$ | |
| | 17.8. Other financial account: | | | _ \$ | |
| | 17.9. Other financial account: | | | _ \$ | |
| 18. Bonds, mutual funds, <i>Examples:</i> Bond funds, ☑ No ☐ Yes | Institution or issuer name: | erage firms, money market accounts | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Non-publicly traded s an LLC, partnership, | stock and interests in incorpo and joint venture | rated and unincorporated businesses, inc | luding an interest in | | |
| | Name of entity: | | % of ownership: | | |
| 🗹 No | | | | | |
| ✓ No ☐ Yes. Give specific information about | | | | \$ | |

Hansik Park

| | Hansik Park | : | Case number (if known) | |
|-------------|--------------------|---|--|-----|
| ebtor 1 | First Name | Middle Name L | ast Name | |
| | | | | |
| Govern | ment and corpo | rate bonds and oth | er negotiable and non-negotiable instruments | |
| Negotia | ble instruments i | nclude personal chec | cks, cashiers' checks, promissory notes, and money orders. | |
| Non-ne | gotiable instrume | nts are those you ca | nnot transfer to someone by signing or delivering them. | |
| ☑ No | | | | |
| | Give specific | Issuer name: | | |
| | mation about | | | \$ |
| tnen | n | | | \$ |
| | | | | \$ |
| | | | | |
| | | | | |
| . Retiren | nent or pension | accounts RA FRISA Keogh, 4 | 01(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans | |
| ☑ No | oo. maorooto | - , - · · · · · · · · · · · · · · · · · | | |
| | . List each | | | |
| | ount separately. | Type of account: | Institution name: | |
| | | 401(k) or similar plan: | | \$ |
| | | | | \$ |
| | | Pension plan: | | • |
| | | IRA: | | \$ |
| | | Retirement account: | | \$ |
| | | Keogh: | | \$ |
| | | - | | \$ |
| | | Additional account: | | \$. |
| | | Additional account: | | Ψ |
| | | | | |
| o Securit | y deposits and | prepayments | | |
| Vour ch | are of all unused | I deposits you have r | made so that you may continue service or use from a company | |
| Examp | les: Agreements | with landlords, prepa | aid rent, public utilities (electric, gas, water), telecommunications | |
| compar | nies, or others | | | |
| 🔽 No | | | | |
| ☐ Yes | S | Ir | stitution name or individual: | |
| | | Electric: | | \$ |
| | | Gas: | | \$ |
| | | Heating oil: | | \$ |
| | | Security deposit on re | ental unit: | \$ |
| | | Prepaid rent: | | \$ |
| | | · | | \$ |
| | | Telephone: | | |
| | | Water: _ | | \$ |
| | | Rented furniture: _ | | \$ |
| | | Other: | | \$ |
| | | | | |
| 3. Annuit | ies (A contract fo | or a periodic paymen | t of money to you, either for life or for a number of years) | |
| ☑ No | | | | |
| _ | | leaver some and de | ascription. | |
| ∟ Ye | S | Issuer name and de | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | 17 |

| Dobter 1 | Hansik Park | | Case numb | er (if known) | |
|------------------------|---|--|--|--|---|
| Debtor 1 | First Name Middle N | Name | Last Name | | |
| | | | and an Englished | state tuition program | |
| 24. Interest | s in an education IRA C. §§ 530(b)(1), 529A(| i, in an acco t b), and 529(b) | unt in a qualified ABLE program, or under a qualified (1). | State tailon program. | |
| 20 0.3. ☑ No | 33 000(a)(.), 020 N | =- (-) | | | |
| | | Inetitution na | ame and description. Separately file the records of any in | terests.11 U.S.C. § 521(c) | : |
| | | mstitution ne | | | ¢ |
| | | | | | Φ |
| | | | | | \$ |
| | | | | | \$ |
| | _ | | () () () () () () () () () () | s or powers | |
| 25. Trusts, exercis | equitable or future in sable for your benefit | iterests in pr | operty (other than anything listed in line 1), and right | o or powers | |
| ⊠ No | • | | | | ii |
| _ | s. Give specific | gangi maga-ayanga ngangkan ana ar mana silisah di dah-af silisah di dah-af | | | \$ |
| | rmation about them | | | | Ψ |
| _ | | | | | |
| 26. Patents | s, copyrights, tradem | arks, trade so mes, website | ecrets, and other intellectual property s, proceeds from royalties and licensing agreements | | |
| ∠ No | jes, internet domain na | | | | ~ |
| | s. Give specific | payaran and a second a second and a second and a second and a second and a second a | | government de la company d | |
| | ormation about them | Total Control | | | \$ |
| | | | | | |
| 27. Licens | es, franchises, and o | ther general exclusive licen | intangibles ses, cooperative association holdings, liquor licenses, pr | ofessional licenses | |
| Z No | | | | A STATE OF THE PROPERTY OF THE | 100g |
| | s. Give specific | | | any or continue of the state of | • |
| | ormation about them | | | assers (a canh a throw thinky) agus da a throw (a) an ann an | \$ |
| | | Representation and the second | and deficient and the second of the second o | | Current value of the |
| Money or | property owed to you | u? | | | portion you own? |
| | | | | | Do not deduct secured claims or exemptions. |
| | | | | | |
| | funds owed to you | | | | |
| ☑ No | | | | (I)14141 | \$ |
| ☐ Ye | Give specific information about them, including | ation a whether | | Federal: | \$ |
| | you already filed the | returns | | State: | \$ |
| | and the tax years | | | Local: | Φ |
| | | 3 | | | |
| 29. Family | y support | | diverse and | tlomont property settleme | ent |
| Examp | oles: Past due or lump | sum alimony, | spousal support, child support, maintenance, divorce set | morning property comorne | |
| ☑ No | | | | , conserve | |
| ☐ Ye | es. Give specific inform | ation | | Alimony: | \$ |
| | | | | Maintenance: | \$ |
| | | | | Support: | \$ |
| | | | 1.000 | Divorce settlement: | \$ |
| | | | The second secon | Property settlement: | \$ |
| | | | | | |
| 30. Other | amounts someone o | eahility incura | ince payments, disability benefits, sick pay, vacation pay, | workers' compensation, | |
| LAGIII | Social Security b | enefits; unpaid | d loans you made to someone else | | |
| ☑ No | | | | ····································· | Secretary 6 |
| ☐ Ye | es. Give specific inform | ation | The second secon | | \$ |
| | | | Section (Applied to the Control of t | dan mengantah dianggah kembanasa mengan di dalam dipandah mengapangan mengangan didapan pangan pangan dalam di | responsible. |

| Debtor 1 | Hansik Parl | < | | Case number (if known) | |
|-------------------------|--|--|--|--|--|
| Den(O) 1 | First Name | Middle Name | Last Name | | |
| | | | | | |
| 31. Interest Example | s in insurance p es: Health, disabi | oolicies ility, or life insuran | ce; health savings account (HSA); c | redit, homeowner's, or renter's insurance | |
| No | | | | | |
| Yes. | Name the insura | | Company name: | Beneficiary: | Surrender or refund value: |
| | of each policy a | nd list its value | | | \$ |
| | | | | | \$ |
| | | | | | \$0.00 |
| oo Amu inte | oract in propert | v that is due vou | from someone who has died | | |
| If you ar | e the beneficiary | of a living trust, e | xpect proceeds from a life insuranc | e policy, or are currently entitled to receive | |
| property | because some | one has died. | | | |
| ☑ No | | | $\textbf{gas}_{i} = \text{constraints}_{i} = \text{constraints}_$ | | |
| ☐ Yes | . Give specific in | formation | | | \$ |
| | and the fall of | | not you have filed a lawsuit or m | ade a demand for payment | |
| 33. Claims | against third pa | arties, whether of nolovment dispute | not you have filed a lawsuit or m s, insurance claims, or rights to sue | aus a domaine for payment | |
| Z No | cs. Accidente, er | nproymon are pare | | | ~*y |
| | . Describe each | claim | | | \$ |
| | | | | | |
| 34. Other c | ontingent and u off claims | ınliquidated clair | ns of every nature, including cou | nterclaims of the debtor and rights | |
| Z No | on claims | | | | |
| | . Describe each | claim | | According to the second of the | \$ |
| | | | | | Ψ |
| | | | | | |
| 35. Any fin | ancial assets yo | ou did not alread | <i>t</i> list | | |
| ☑ No | | | | | ry ary |
| ☐ Yes | . Give specific in | formation | | And the second second control of the second | \$ |
| | | | | | |
| 36. Add th | e dollar value of | f all of your entri | es from Part 4, including any entr | ies for pages you have attached | \$ 2,500.00 |
| for Par | t 4. Write that n | umber here | | → | |
| | | | | | |
| | 1 | | | II was before at the Liet any re | aal estate in Part 1. |
| Part 5: | Describe A | ny Business | Related Property You Ow | n or Have an Interest In. List any re | al estate in tare in |
| 37. Do you | own or have ar | ny legal or equita | ble interest in any business-relat | ed property? | |
| | Go to Part 6. | | | | |
| ☐ Yes | s. Go to line 38. | | | | |
| | | | | | Current value of the portion you own? |
| | | | | | Do not deduct secured claims |
| | | | | | or exemptions. |
| 38. Accour | nts receivable o | r commissions y | ou already earned | | |
| No | | | | |] |
| ☐ Yes | s. Describe | atyvilis () perio columnia de la col | | | \$ |
| | L | and province that the second s | тич таманда (д. 1 стр. не предоружда кака женер (д. 100 го основательный дель и стр. не стр. | | d. |
| 39. Office | equipment, furr | nishings, and sup | pplies e. modems, printers, copiers, fax machi | nes, rugs, telephones, desks, chairs, electronic devices | |
| | | u computers, sortwa | e, moderna, printera, copiata, rax maarii | | 7°4 |
| ☑ No □ Ye | s. Describe | ng ar ang | graph maghafur un 1912 graph (Ann Barlla 4000 1800), eigen genrouwen zuren kenne der sprochet fest der die kein mei Engelanssen zu zu zu zuwen der Ann die geführen ein sprochen der schalber der der Ann der | | \$ |
| -1 15 | S. DOGGIBU | and summarises and a summarise of the su | | | and and a second a |
| | | | | | |

| Debtor 1 | Hansik Par | rk Middle Nam | ne. | Last Name | | | Case number (if kni | own) | | |
|--------------|---------------------------|--|--|---|--|--|--|--|---------------------------------|--|
| |) list walle | 111000 | | | | | | | | |
| 40. Machine | ery, fixtures, ed | quipment | , supplies | you use in b | business, and t | ools of your trac | de | | | |
| ☑ No | general | and registry 2002 to married to end find the characteristic con- | nse voderišla (ili je oversta pomini kon četovanom | agen av yna elendest terteragen er ellen beliebe (d. bele byd f. ellen ellen | and the second | | | groundstatestatestatestatestatestatestatestat | | • |
| ☐ Yes | . Describe | | | | | ander rekultura antiende des histories erste kert. Auf 1850 anderste troppen kert anders kert anders erste set | nonacellospelatificacioni (1900) (1904) (1904) (1904) (1904) (1904) (1904) (1904) (1904) (1904) (1904) (1904) | and the second s | | \$ |
| | Been | nengaga, hi i rerita dibadh di marene | | | | | | | | |
| 41. Invento | ry | | manuscript and the development of the second | | polity je sa nasnavana nama nama je nasti vetoveno je najvet (nje najvetovi najvetovi najvetovi najvetovi najv | | and water and a suit of the following of the stage of the superior and the first of the superior and the sup | | | |
| | . Describe | | | | | | | | 0,000 | \$ |
| | | gransummer migratik (historio) | nogo o gapa no en mario e mono el della e en el diferio en el di | anderstandigen i de State de S | on and comment as an influence of the comment of th | an rain ann agus aigte an Bhaile aire ann ann aire a' 12 350 an t-aire an ann an t-aire a' tair a' th' a' th' a | | | uunecceroor-onesse [†] | |
| 42. Interest | ts in partnershi | ips or joir | nt venture: | s | | | | | | |
| ☑ No | | | | | | | | | | |
| ☐ Yes | . Describe | Name of | entity: | | | | | % of ownershi | • | • |
| | | | | | | | | % % | | \$ \$ |
| | | | | | | | | % | | \$ |
| | | | | | | | | | | |
| | ner lists, mailin | ıg lists, o | r other cor | mpilations | | | | | | |
| ☑ No | . Do vour lists | include r | nersonally | identifiable | information (as | s defined in 11 U. | .S.C. § 101(41A) |)? | | |
| (163 | No | merade p | ,croonany | 140771111111111111111111111111111111111 | , | | | make stranger was make a source of the stranger when the source of the stranger was a source of the stranger with the source of the stranger was a source of the stranger with the stranger was a source of the stranger wa | | y |
| | Yes. Desc | ribe | | grice, ngangsise kilika kila kila 1949 nga provinsi katawa nakatawa kila kilonda | opinge, yar da isasi penjapakendan arasan ing Marakaan arasindhi Alikabah | ggyaginggga talan or review a range of timber to recipitation of the following service of the se | ed tudenni i sen (e 180 gelder) etti di destendente este este e | | | \$ |
| | | | 2-major-managaring (Augustina - August | ngangananan gangkanmananananan kilabat terleba di di dibabbat terleba terleba terleba terleba terleba terleba t | | THE RESTRUCTION OF THE PROPERTY OF THE PROPERT | an entitle de constitue de la | | angularina in a resident | |
| 44. Any bu | siness-related | property | you did n | ot already lis | st | | | | | |
| ∡ No | | | | | | | | | | |
| | s. Give specific ormation | | | | | | | | | \$ |
| | | | | | | | | | | \$ |
| | | | | | | | | | | \$ |
| | | | | | | | | | | \$ |
| | | | | | | | | | | \$ |
| | | | | | | | | | | \$ |
| 45. Add th | e dollar value | of all of y | our entries | s from Part 5 | 5, including any | entries for pag | es you have att | ached | .→ | \$ |
| for Par | rt 5. Write that i | number h | iere | | *************************************** | | *************************************** | | | |
| | | | | | | | | | | |
| Part 6: | Describe A | ny Farm | ı- and Co | mmercial F | Fishing-Relate list it in Part 1. | ed Property Yo | ou Own or Hav | ve an Intere | est in | |
| | | | | | | | | | | |
| | own or have a | any legal | or equitab | ole interest ir | n any farm- or o | commercial fishi | ing-related prop | erty? | | |
| | s. Go to line 47. | | | | | | | | | Current value of the |
| | | | | | | | | | | portion you own? |
| | | | | | | | | | | Do not deduct secured claims or exemptions. |
| 47. Farm a | animals | | | | | | | | | |
| | oles: Livestock, p | poultry, fa | rm-raised f | fish | | | | | | |
| ☑ No | | gapagassan semananaka kundistra da terdis | goligiyyasin olan moyaayand kiriniis oo aasadalin | one de la companya d | er handelig forskilde og mengemen flyssen i sommer som av er til flysse forskilde skriver er er er skrive | | Steamenter (republication) in communication communication | e provincia e comprese construencia de la como en el construe de enclaración de | unan or agreem weekeld | *** |
| ⊔ Ye | S | the state of the s | | | | | | | | \$ |
| | | A CONTRACTOR OF THE PROPERTY O | nyan galiyafi agaman manan malifinali (1960) di dipertini men | anyayyiligi (da) (righi) i i wada mwana saka mwinawilikiwi (richi | erry agent likel ters and a liver on digenomic accessors with a desirred on the debut and a | | egy y rapid amobility depent o y gyndady o o'r ac arran eilithig dei yr regy'r - r rhighiraethig y barry | ggerangtan karamana anni - en digin digentriskin kooren karan iyo kara anni ras | unan ospilaj estas est | Ψ |

| Debtor 1 Han | nsik Park | | | | | Ca | se number (if known) | | |
|-------------------------|--|--|--|--|---|--|--|--|------------|
| First N | Name | Middle Name | Last Name | | | | | | |
| 48. Crops—either | growing | or harvested | | | | | | | |
| ☑ No | - | والمسترات والمعارف والمسترا والمسترات والمسترا | market er er og en forste folkelige for de | na na anakana (1996) makataka (1994) iliajana Alisana (1994) | ngggangenova kamanin 1000s in helvegrini avgrerrens sa | weeks on the control of the | iyar iyilga ya qoʻrunna sarani kandi ili isti ili ili ili ili ili ili ili ili ili i | No. of Control and | |
| Yes. Give s information | | | en som en | | | pprojet gymrani o' ei et sommen sjelde | modernoon op dat viillen op van de verke de verke voor de voor de verke | \$ | |
| | ing equip | | ents, machinery, fixt | | | | | | |
| ☑ No ☐ Yes | f-00-0-0 | | | | | omornoù ar livelen (1) es trivé | arrivada arriva (). Anni adamas ad A-COL () sospoj gajing i Adamas arrida erektorian novi A-Colonberga - 1991 adamas arrida (). Anni adamas arrivada (). Anni adamas arriva | gi | |
| — 1es | The state of the s | | addicion didan 1854 1886 ar 1854 1886 ar 1864 a right ann an ann ann ann ann ann ann ann ann | | | gg-ganasanasabete ** | Nowake with the second of the | \$ | |
| 50. Farm and fishi | ing suppli | | | and the second | | | | | |
| ☑ No | | | a a vojavoja (vojavana na svovana) — 34 dojajinja ni vojavana na vojavana na vojavana na vojavana na svojavana | | enga a socialis subhibita selle si di successiva del materiario socio socio del se | age to the control of | minghas kanaman ya didayatii ya min kiisama ya ka kanama ka maana ahii ili ili ka mina ka maa ugu da ka maa ugu da ka | 7 | |
| ☐ Yes, | | | | | | | | \$ | |
| 54 Any farm, and | Lommer | | lated property you d | | | | монами и объекты на веновно и «терра при при тек таких и тексоворий при | 3 | |
| ☑ No | Commerc | | | | | in copy who the entropy of the entro | од до 2000 раз 1994 година на тербина поворожно водина до 200 година по на поворожно по на почения по пода под По 2000 година по почения | 1 | |
| Yes. Give s information | | | | | | | | \$ | |
| 52 Add the dollar | ۔۔۔ r value of | all of your on | tries from Part 6 inc | luding anv | entries for p | ages \ | you have attached | \$ | |
| for Part 6. Wri | ite that nu | mber here | | | | | <u></u> | | |
| | | | | | | | | | |
| Part 7: Des | cribe A | I Property | You Own or Ha | ve an Int | terest in T | hat \ | ou Did Not List Above | an en anna en | |
| 53. Do you have o | other prop | perty of any ki | ind you did not alrea | dy list? | | | | | |
| Examples: Seaso | on tickets, c | ountry club mem | nbership | | | an althorough the civiline | | | |
| ☑ No ☐ Yes. Give : | snecific | | | | | | | \$ | |
| information | | | | | | | | .\$ e | |
| | | managar-gragogogogogogoundandanosa and spider-miladelistica del | grav and konservinings for minder transferred by the specific point of the specific production of the specific | | The desired of the second state of the second | made Lor Antonio (nº Antonio Antonio | | <u> </u> | |
| 54. Add the dollar | r value of | all of your en | tries from Part 7. Wr | ite that nur | mber here | | → | \$_ | |
| | | | | | | | | | |
| Part 8: List | t the To | tals of Eac | h Part of this Fo | rm | | | | | |
| ss Dant de Total r | real estate | line 2 | | | | | → | \$ | 653,000.00 |
| | | | | \$ | | | | | |
| 56. Part 2: Total v | | | 1 % 15 4 F | ٠. | | 0.00 | | | |
| 57. Part 3: Total p | | | | Ψ_ | 2.50 | 0.00 | | | |
| 58. Part 4: Total f | | | | \$_ | , | | | | |
| 59. Part 5: Total b | | | | \$_ | | | | | |
| 60. Part 6: Total f | farm- and | fishing-relate | d property, line 52 | \$ | | | | | |
| 61. Part 7: Total o | other prop | erty not liste | d, line 54 | +\$ | | | - Telegraphic Control of the Control | | a =02 22 |
| 62. Total persona | al propert | y. Add lines 56 | through 61 | \$ _. | 3,50 | 00.00 | Copy personal property total > | + \$ | 3,500.00 |
| | | | | Lucian | en e | ngaranaman didi 1998 (1 | | <u> </u> | 656,500.00 |
| 63. Total of all pr | roperty on | Schedule A/I | B. Add line 55 + line 6 | 2 | | | | \$ | 000,000.00 |
| | | | | | | | | | |

| | | | tion to identify your case: | | | |
|----------------------|--|------------------------------------|---|--|---|--|
| 141 | ı in uns iii | | sik Park | | | |
| De | ebtor 1 | First Na | | Last Name | | |
| | ebtor 2 couse, if filing) | First Na | me Middle Name | Last Name | | |
| Ur | nited States | Bankru | ptcy Court for the: Eastern Distric | ct of New York | | |
| | se number known) | | | | | Check if this is an |
| | | | | | | amended filing |
| ∩f | ficial F | - Orn | n 106C | | | |
| | | | | norty Vou | Claim as Exempt | 04/19 |
| | | | | | | and the second s |
| Usir spa | ng the prop ce is neede | erty yo ed, fill | ou listed on Schedule A/B: Pro | perty (Official Form 106A | gether, both are equally responsible for s JB) as your source, list the property that dditional Page as necessary. On the top | you claim as exempt. If more |
| spe of a retir | cific dolla ny applica ement fur ts the exe | r amo able st ads—r mptio | unt as exempt. Alternatively, atutory limit. Some exemption nay be unlimited in dollar an | you may claim the full ons—such as those for nount. However, if you o nt and the value of the p | mount of the exemption you claim. Or fair market value of the property being health aids, rights to receive certain b claim an exemption of 100% of fair ma property is determined to exceed that | g exempted up to the amount penefits, and tax-exempt rket value under a law that |
| Pa | art 18 I d | dentii | y the Property You Clain | n as Exempt | | |
| | You a | re clai re clai | temptions are you claiming? ming state and federal nonban ming federal exemptions. 11 to ty you list on Schedule A/B to | ukruptcy exemptions. 11 U.S.C. § 522(b)(2) | | |
| | | | on of the property and line on that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
| | | | | Copy the value from Schedule A/B | Check only one box for each exemption. | |
| | Brief description | ın. | 26 ave a port washin | \$ 653,000 | ☑ \$0.00_ | |
| | Line from Schedule | ı | A/B_ | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| | Brief description | n: | Misc | \$1,000.00 | ☑ \$ <u>1,000.00</u> | |
| | Line from Schedule | | _A/B | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| | Brief description | n; | Clothes | \$ <u>1000</u> | 2 \$ 1000 | |
| | Line from Schedule | | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| 3. | (Subject to No Yes. D | o adju | | years after that for cases | s filed on or after the date of adjustment.; 1,215 days before you filed this case? |) |

Debtor 1

| ansik P | ark | | Case number (if known) |
|---------|-------------|-------------|------------------------|
| Mama | Middle Nome | I get blows | |

| | • 1 | • | -3 | | п |
|------|------|-----|-----|-------|---|
| | ref. | 7 | 100 | _ | м |
| 1000 | | 100 | | 20.00 | |

Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|---|--------------------------------------|---|------------------------------------|
| | Copy the value from Schedule A/B | Check only one box for each exemption | |
| Brief description: | \$ | □ \$ <u>0</u> □ 100% of fair market value, up to | |
| Line from Schedule A/B: | | any applicable statutory limit | |
| Brief description: | \$0.00 | | |
| Line from Schedule A/B: | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | \$ | \$ | |
| Line from Schedule A/B: | | ☐ 100% of fair market value, up to any applicable statutory limit | |
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| Line from Schedule A/B: | | ☐ 100% of fair market value, up to any applicable statutory limit | |
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| Line from Schedule A/B: ——— | | ☐ 100% of fair market value, up to any applicable statutory limit | |
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| Line from Schedule A/B: | | ☐ 100% of fair market value, up to any applicable statutory limit | |
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| Line from Schedule A/B: | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | \$ | \$ | |
| Line from Schedule A/B: | | 100% of fair market value, up to any applicable statutory limit | |

| Fill in this information to identify your case | | | | |
|--|--|--|--|-----------------------------------|
| Debtor 1 Hansik Park | | | | |
| Debtor 1 First Name Middle Nar Debtor 2 | | | | |
| (Spouse, if filing) First Name Middle Nam | | | | |
| United States Bankruptcy Court for the: Eastern Di | strict of New York | | | |
| Case number(If known) | | | Check i amende | f this is an ed filing |
| | | | | |
| Official Form 106D | | | | |
| | Who Have Claims Secure | AND AND THE PARTY OF THE PARTY | | 12/15 |
| Be as complete and accurate as possible. I information. If more space is needed, copy additional pages, write your name and case | f two married people are filing together, both are eq the Additional Page, fill it out, number the entries, a e number (if known). | ually responsible found attach it to this | or supplying correct form. On the top of | any |
| Do any creditors have claims secured by No. Check this box and submit this form Yes. Fill in all of the information below. | your property? to the court with your other schedules. You have nothi | ng else to report on t | his form. | |
| Part 1: List All Secured Claims | | | | von eastopelen ive Willet |
| for each claim. If more than one creditor ha | ore than one secured claim, list the creditor separately as a particular claim, list the other creditors in Part 2. abetical order according to the creditor's name. | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
| | Describe the property that secures the claim: | s 653,000 | \$ 0.00 | _{\$} 653,000.0 |
| Wilmington Savings Fund Societ Creditor's Name | Describe the property that secures the claim. | | | |
| Number Street | | - Control of the Cont | | |
| 26 AVENUE A | As of the date you file, the claim is: Check all that apply. | | | |
| PORT NY 11050 | ☐ Contingent ☐ Unliquidated | | | |
| City State ZIP Code | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgage or secured | | | |
| Debtor 2 only | car loan) Statutory lien (such as tax lien, mechanic's lien) | | | |
| Debtor 1 and Debtor 2 only | ☐ Judgment lien from a lawsuit | | | |
| At least one of the debtors and another | Other (including a right to offset) 2,000 | _ | | |
| Check if this claim relates to a | | | | |
| community debt Date debt was incurred | Last 4 digits of account number | To make the first of the first | | OAGGERICOY 25 |
| 2.2 | Describe the property that secures the claim: | \$ | \$ | \$ |
| Creditor's Name | | | | |
| Number Street | | | | |
| 0 | As of the date you file, the claim is: Check all that apply | | | |
| | Contingent | | | |
| OO City State ZIP Code | ☐ Unliquidated ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgage or secured | | | |
| Debtor 2 only | car loan) | | | |
| Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit Other (including a right to offset) | _ | | |
| ☐ Check if this claim relates to a community debt | | | | |
| Date debt was incurred | Last 4 digits of account number | | THE VALUE OF THE PARTY OF THE PROPERTY OF THE PARTY OF TH | |
| Add the dollar value of your entries in 0 | Column A on this page. Write that number here: | P | Harris and the second s | |

| Debtor 1 Hansik Park First Name Middle Name | Last Name Case nur | nber (if known) | | |
|---|--|--|--|--|
| , list valle | | managang ganggy ya san ha kisalanda da d | | |
| Part 1: Additional Page After listing any entries on this by 2.4, and so forth. | page, number them beginning with 2.3, followed | Column A Amount of claim Do not deduct the value of collateral. | Value of collateral Un | lumn C secured rtion ny |
| 0 (, , , , | Describe the property that secures the claim: | \$ | \$ | 0.00 |
| Creditor's Name | | | | |
| Number Street | - | 000000000000000000000000000000000000000 | | |
| | As of the date you file, the claim is: Check all that apply. | | | |
| | Contingent | | | |
| City State ZIP Code | ☐ Unliquidated☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only Debtor 2 only | An agreement you made (such as mortgage or secured car loan) | | | |
| Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a | Other (including a right to offset) | _ | | |
| community debt | | | | |
| Date debt was incurred | Last 4 digits of account number | the and an individual to the state of the st | ggg g annam ann ga mh-achailt achail a chail a She g annam ann ga mh-achailt achail a chail a | and the second s |
| | Describe the property that secures the claim: | \$ | \$\$ | |
| Creditor's Name | | Barrier version | | |
| Number Street | | To an and the second se | | |
| | As of the date you file, the claim is: Check all that apply. | | | |
| - | □ Contingent □ Unliquidated | | | |
| City State ZIP Code | Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgage or secured | | | |
| Debtor 2 only | car loan) | | | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit | | | |
| | Other (including a right to offset) | _ | | |
| Check if this claim relates to a community debt | , | | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| | Describe the property that secures the claim: | \$ | \$\$ | |
| Creditor's Name | | | | |
| Number Street | | Salar Andrews | | |
| | | Section 200 | | |
| | - As of the date you file, the claim is: Check all that apply. | | | |
| City State ZIP Code | ☐ Contingent ☐ Unliquidated | | | |
| Gity State Li. 5555 | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgage or secured | | | |
| Debtor 2 only Debtor 1 and Debtor 2 only | car loan) Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a | Other (including a right to offset) | - | | |
| community debt Date debt was incurred | Last 4 digits of account number | | | |
| - | es in Column A on this page. Write that number here: | | | |
| | es in Column A on this page. Write that number here. I, add the dollar value totals from all pages. | \$ | | |
| | i, add the donar value totals from an pages. | \$ | | |

| Debtor ' | 1 | Hansik Park First Name Middle Name | Last Name | | Case number (if known) |
|-------------|------------------------------|--|--|---|--|
| Par | t 2: | List Others to Be Notifi | ed for a Debt | That You Already | Listed |
| ager you | ncy is to have m | rving to collect from you for a | debt you owe to of the debts tha | someone else, list th t you listed in Part 1, li | a debt that you already listed in Part 1. For example, if a collection e creditor in Part 1, and then list the collection agency here. Similarly, if ist the additional creditors here. If you do not have additional persons to |
| | | | | | On which line in Part 1 did you enter the creditor? |
| | Vame | | | | Last 4 digits of account number |
| 1 | Number | Street | | | - |
| - | | | | | - |
| | City | | State | ZIP Code | |
| ╝. | | | | | On which line in Part 1 did you enter the creditor? |
| 1 | Name | | | | Last 4 digits of account number |
| ī | Number | Street | | | - |
| _ | | | | | - |
| 7 | City | | State | ZIP Code | - |
| iliona d | Sandonal militar san 60 stro | anna diida salata ta'uu dii sistama diinadiidata ta'uu andi sistama diilada salata sistama diida diida salata s | | lessacioning proprieta de la Politika de Republica de la mentre pròpie de la compressió de la mente | On which line in Part 1 did you enter the creditor? |
| | lame | | | | Last 4 digits of account number |
| _ | lumber | Street | | · | |
| 11 | umber | Street | | | |
| - | | | | | |
| | City | CONTROL AND SECOND CONTROL TO CONTROL TO SECOND CONTROL AND | State | ZIP Code | |
| | | | | | On which line in Part 1 did you enter the creditor? |
| N | lame | | | | Last 4 digits of account number |
| N | lumber | Street | | | |
| | | | | | |
| c | ity | | State | ZIP Code | |
| SANGER C | | es ingolumizatis e que mara este invert nazares e actuar an astes invert mas independenta i sette invertibili | g paga na-napagan and unikapan na padana na babu na mila | ist oppressing et der beerlijks statement kompeten (een heefte heefte heefte heefte heefte heefte heefte heefte | On which line in Part 1 did you enter the creditor? |
| N | lame | | | | Last 4 digits of account number |
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| | Idilibei | oucci | | | |
| | , | | | | |
| | ity | age payring places aligned (Opportulate to be placed by the CO of the Administration and the Principle of the Co of the Co of the Co of the Co | State | ZIP Code | |
| | | | | | On which line in Part 1 did you enter the creditor? |
| N | ame | | | | Last 4 digits of account number |
| N | umber | Street | | | |
| _ | | | | | |
| _ | ity | | State | 7IP Code | |

| Fill in this information to identify your case: | | |
|--|---|--|
| Pahtar 1 Hansik Park | | |
| Debtor 1 First Name Middle Name | Last Name | |
| Debtor 2 (Spouse, if filing) First Name Middle Name | Last Name | |
| United States Bankruptcy Court for the: Eastern District of N | lew York | Observit if this is an |
| United States Bankrupicy Court for the | | Check if this is an amended filing |
| Case number(If known) | | amonasag |
| 265 1 5 2 2 2 4065 15 | | |
| Official Form 106E/F | ho Have Unsecured Claims | 12/15 |
| CONTROL MARKET TO THE CONTROL OF THE | we appear Valoime and Part 2 for cre- | ditors with NONPRIORITY claims. |
| List the other party to any executory contracts of the A/B: Property (Official Form 106A/B) and on Schedu creditors with partially secured claims that are listed needed, copy the Part you need, fill it out, number the any additional pages, write your name and case number the secure of the page | | cial Form 106G). Do not include any |
| Part 1: List All of Your PRIORITY Unsecure | d Claims | |
| 1. Do any creditors have priority unsecured claims | against you? | |
| ☐ No. Go to Part 2. | | |
| ☑ Yes. | editor has more than one priority unsecured claim, list the conclaim has both priority and nonpriority amounts, list that c | reditor separately for each claim. For |
| each claim listed, identify what type of claim it is. If a nonpriority amounts. As much as possible, list the continuation Page of F | laims in alphabetical order according to the creditor's name art 1. If more than one creditor holds a particular claim, lis | If you have more than two priority |
| (For an explanation of each type of claim, see the in | istructions for this form in the instruction booklet.) | otal claim Priority Nonpriority |
| | | amount amount |
| <u> </u> | | 653,000 \$ 0.00 \$ 653,000 |
| 2.1 Wilmington Savings Fund Societ Priority Creditor's Name | Last 4 digits of account number \$ | |
| Priority Creditor's Name | When was the debt incurred? | |
| Number Street 26 AVENUE A | As of the date you file, the claim is: Check all that apply | |
| PORT NY 11050 | As of the date you life, the claim is: Shock as a supply of the Contingent | |
| City State ZIP Code | Unliquidated | |
| Who incurred the debt? Check one. | ☐ Disputed | |
| Debtor 1 only | Type of PRIORITY unsecured claim: | |
| Debtor 2 only | | |
| □ Debtor 1 and Debtor 2 only□ At least one of the debtors and another | Domestic support obligations Taxes and certain other debts you owe the government | |
| ☐ Check if this claim is for a community debt | Claims for death or personal injury while you were | |
| Is the claim subject to offset? | intoxicated | |
| No | Other. Specify | |
| Yes | THE REPORT AND ADDRESS OF THE PROPERTY OF THE | 1 000.00 |
| 2.2 | Last 4 digits of account number \$ | \$_1,000.00 \$_1,000.00 |
| Priority Creditor's Name | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply | |
| 0 | | |
| 00 | ☐ Contingent☐ Unliquidated | |
| City State ZIP Code | ☐ Disputed | |
| Who incurred the debt? Check one. | · | |
| Debtor 1 only Debtor 2 only | Type of PRIORITY unsecured claim: | |
| Debtor 2 only Debtor 1 and Debtor 2 only | Domestic support obligationsTaxes and certain other debts you owe the government | |
| At least one of the debtors and another | ☐ Claims for death or personal injury while you were | |
| ☐ Check if this claim is for a community debt | intoxicated | |
| Is the claim subject to offset? | Other. Specify | |
| , | | |

☑ No ☐ Yes

Case number (if known)

Hansik Park Debtor 1 Last Name Your PRIORITY Unsecured Claims — Continuation Page Part 1: After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. **Priority** Nonpriority Total claim amount amount 0 0.00 0.00 \$ Last 4 digits of account number _ Priority Creditor's Name When was the debt incurred? Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Who incurred the debt? Check one. Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only Domestic support obligations Taxes and certain other debts you owe the government Debtor 1 and Debtor 2 only At least one of the debtors and another Claims for death or personal injury while you were intoxicated Check if this claim is for a community debt Other. Specify Is the claim subject to offset? ☐ No ☐ Yes 0.00 \$____\$ Last 4 digits of account number _ Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated State ZIP Code Disputed Who incurred the debt? Check one. Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated Check if this claim is for a community debt Other. Specify Is the claim subject to offset? ☑ No Yes Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated ZIP Code State Disputed Who incurred the debt? Check one. Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated Check if this claim is for a community debt Other. Specify is the claim subject to offset? ₩ No ☐ Yes

| Deb | tor 1 | Hansik Park | | | Case number (if known) | |
|--------------|--|--|--|--|--|--|
| West College | 400000000 | First Name Middle Name | Last Name | | | |
| Pai | rt 2: | List All of Your NONPRI | ORITY Uns | ecured Claims | | |
| | | creditors have nonpriority | | | | |
| | ☑ No. ☐ Yes | | this part. Sub | mit this form to the | court with your other schedules. | |
| | | | | | and the second s | mara than and |
| | nonprio included | rity unsecured claim, list the o d in Part 1. If more than one o | creditor separa creditor holds a | itely for each claim | order of the creditor who holds each claim. If a creditor has . For each claim listed, identify what type of claim it is. Do not st the other creditors in Part 3.If you have more than three no | list claims already |
| | claims f | fill out the Continuation Page | of Part 2. | | | Total claim |
| 4.1 | | | | | Last 4 digits of account number | \$ |
| | Nonprio | nty Creditor's Name | | | When was the debt incurred? | <u> </u> |
| | Number | r Street | | | | |
| | 0.1 | | State | ZIP Code | As of the date you file, the claim is: Check all that apply. | |
| | City | | State | ZIP Code | □ Contingent | |
| | Who i | ncurred the debt? Check one. | | | ☐ Unliquidated | |
| | | ebtor 1 only | | | ☐ Disputed | |
| | | ebtor 2 only ebtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| | | least one of the debtors and anot | her | | ☐ Student loans | |
| | □сн | neck if this claim is for a com | munity debt | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Is the | claim subject to offset? | | | Debts to pension or profit-sharing plans, and other similar debts | i |
| | ☑ No | 1 | | | Other. Specify | |
| | ☐ Ye | | | edalisasin vita openga misuri mala liikkindo sili qilakilin 494-taksi ilikalisi 1984 | | |
| 4.2 | | | | | Last 4 digits of account number | \$ |
| | Nonprio | rity Creditor's Name | | | When was the debt incurred? | |
| | Number | Street | | | | |
| | | | | ZIP Code | As of the date you file, the claim is: Check all that apply. | |
| | City | | State | ZIP Code | ☐ Contingent ☐ Unliquidated | |
| | _ | ncurred the debt? Check one. btor 1 only | | | ☐ Disputed | |
| | | btor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| | _ | btor 1 and Debtor 2 only | | | Student loans | |
| | | least one of the debtors and anot | | | Obligations arising out of a separation agreement or divorce | |
| | | neck if this claim is for a com | munity debt | | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | 3 |
| | Is the | claim subject to offset? | | | Other. Specify | |
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| 4.3 | - unplicate and a second control of the second | allanee et en en en antière de course é de présédent au fallant un président de course de la constant de course de course de la course de course de la course de course de course de la cou | | | Last 4 digits of account number | \$ |
| | Nonprio | nity Creditor's Name | | | When was the debt incurred? | - |
| | Number | r Street | | | | |
| | | | | | As of the date you file, the claim is: Check all that apply. | |
| | City | | State | ZIP Code | Contingent | |
| | _ | ncurred the debt? Check one. | | | ☐ Unliquidated | |
| | | ebtor 1 only ebtor 2 only | | | ☐ Disputed | |
| | | btor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| | ☐ At | least one of the debtors and anot | her | | ☐ Student loans | |
| | ☐ Ch | neck if this claim is for a comi | munity debt | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | | claim subject to offset? | | | Debts to pension or profit-sharing plans, and other similar debts | ; |
| | ✓ No ☐ Ye | | | | Other. Specify. | |
| | 0 | - | | | | |

Hansik Park Debtor 1 Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims — Continuation Page Part 2: After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. City ZIP Code ☐ Contingent Unliquidated Who incurred the debt? Check one. ☐ Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims lacksquare Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify_ ₩ No ☐ Yes Last 4 digits of account number _ Nonpriority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. City State ZIP Code ☐ Contingent Unliquidated Who incurred the debt? Check one. ☐ Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt lacksquare Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify_ **52** No ☐ Yes Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. City State ZIP Code Contingent ☐ Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Student loans lacksquare At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify_ **☑** No ☐ Yes

Debtor 1

| łansik P | ark | |
|----------|--------------|--|
| | 440 1 44 1 1 | |

| Case number (if known) |
|------------------------|
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Part 3:

List Others to Be Notified About a Debt That You Already Listed

| | On which entry in Part 1 or Part 2 did you list the original creditor? |
|---|---|
| Name | |
| | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | Part 2: Creditors with Nonpriority Unsecured Claim |
| Water Control of the | Last 4 digits of account number |
| City State ZIP Cod | |
| lame | On which entry in Part 1 or Part 2 did you list the original creditor? |
| lumber Street | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| | Part 2: Creditors with Nonpriority Unsecured Claims |
| Sity State ZIP Cod | Last 4 digits of account number |
| lame | On which entry in Part 1 or Part 2 did you list the original creditor? |
| ame | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| umber Street | Part 2: Creditors with Nonpriority Unsecured |
| | Claims |
| ity State ZIP Cod | Last 4 digits of account number |
| ame | On which entry in Part 1 or Part 2 did you list the original creditor? |
| ane | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| umber Street | Part 2: Creditors with Nonpriority Unsecured |
| | Claims |
| ity State ZIP Code | Last 4 digits of account number |
| ane | On which entry in Part 1 or Part 2 did you list the original creditor? |
| ane | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| umber Street | □ Part 2: Creditors with Nonpriority Unsecured |
| | Claims |
| ty State ZIP Code | Last 4 digits of account number |
| | On which entry in Part 1 or Part 2 did you list the original creditor? |
| ame | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| umber Street | Part 2: Creditors with Nonpriority Unsecured |
| | Claims |
| ty State ZIP Code | Last 4 digits of account number |
| | On which entry in Part 1 or Part 2 did you list the original creditor? |
| me | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| imber Street | of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured |
| | Claims |
| | Last 4 digits of account number |

Case 8-19-75330-ast Doc 1 Filed 07/30/19 Entered 07/30/19 09:29:48 Hansik Park Case number (if known)_

Part 4: Add the Amounts for Each Type of Unsecured Claim

Middle Name

Last Name

Debtor 1

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| | | | Total claim |
|-----------------------------|--|------------|-------------|
| | | | |
| Total claims | 6a. Domestic support obligations | 6a. | \$ |
| from Part 1 | 6b. Taxes and certain other debts you owe the government | 6b. | \$ |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | \$ |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. | +\$ |
| | 6e. Total. Add lines 6a through 6d. | 6e. | \$ |
| | | | |
| | | | Total claim |
| Total claims | 6f. Student loans | 6f. | Total claim |
| Total claims from Part 2 | 6f. Student loans 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6f. 6g. | |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority | | \$ |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other | 6g. | \$\$ |

| F | ill in this i | nformation to ide | ntify you | rcase: | | | | |
|--------------------------|---|--|---------------------------------|---|---|-------------------------------|---|--|
| D | ebtor | Hansik Park | | Aiddle Name | Last Name | | | |
| | ebtor 2 | | | | | | | |
| | pouse If filing) | | | Aiddle Name | Last Name | | | |
| | | Bankruptcy Court for | rtne: Last | em District of N | ew fork | | | |
| | ase number fknown) | | | | | | | Check if this is ar |
| L | | | | , | *************************************** | | | amended filing |
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| info | rmation. I | fe and accurate a f more space is r ges, write your na | needed, co | opy the additio | nal page, fill it o | ing together ut, number t | r, both are equally responsible f the entries, and attach it to this | or supplying correct page. On the top of any |
| 1. | - | ave any executo | - | | | | | |
| | ☐ No. C | heck this box and Fill in all of the info | file this for file this for | rm with the cou elow even if the | rt with your other contracts or leas | schedules. Y es are listed | ou have nothing else to report on on Schedule A/B: Property (Official) | this form. al Form 106A/B). |
| 2. | List sepa | rately each perso rent, vehicle leas | on or com | pany with who | om you have the | contract or l | lease. Then state what each cor instruction booklet for more exam | ntract or lease is for (for |
| | Person o | r company with v | vhom you | ı have the cont | ract or lease | | State what the contract or lea | se is for |
| 2.1 | | | | | | | | |
| | Name | | | *. * | | | | |
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| Deb | otor 1 | Hansik Pa | ark | | Case number (if known) |
|-----|--|---|---|--|--|
| | , | First Name | Middle Name | Last Name | Gase Humber (ir known) |
| | | Additional | l Page if You I | lave More Contracts or Lease | es |
| | Persor | or compan | y with whom you | u have the contract or lease | What the contract or lease is for |
| 2.2 | Ì | | | | |
| | Name | | | | |
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| Filli | n this i | information to | identify you | ır case: | | | | | |
|------------------|------------------|--|--|---|---|---|---|--|--|
| Debt | or 1 | Hansik Par | k | | | | | | |
| Debt | or 2 | First Name | | Middle Name | Last N | ame | | | |
| | | g) First Name | | Middle Name | Last N | ame | | | |
| Unite | d States | s Bankruptcy Cour | t for the: Eas | tern District of | f New York | | | | |
| Case (If kn | number own) | r | | | | | | | Check if this is an amended filing |
| Offi | cial | Form 106 | 3H | | | | | | |
| | | ule H: Y | | odebt | ors | | | | 12/15 |
| are fil and n | ing tog umber | other hoth are | equally res the boxes o | sponsible for n the left. Att | supplying cor | rect information. If | f more space is | s needed, copy the Add | le. If two married peoplo itional Page, fill it out, es, write your name an |
| | _ | have any code | btors? (If yo | u are filing a j | joint case, do no | ot list either spouse | as a codebtor.) | | |
| | IJ No Źi Yes | | | | | | | | |
| 2. V | Vithin t | t he last 8 years . California, Idal | , have you l | l ived in a con a, Nevada, Ne | nmunity prope w Mexico, Puer | rty state or territor to Rico, Texas, Wa | y? (<i>Community</i> shington, and V | property states and terri lisconsin.) | tories include |
| | | Go to line 3. | | | | | | | |
| | | - | e, former sp | ouse, or legal | l equivalent live | with you at the time | 9? | | |
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| | U 1 | Yes. In which co | mmunity sta | ite or territory | did you live? | | Fill in the har | ne and current address o | or that person. |
| | ī | Name of your spous | e, former spous | e, or legal equivale | ent | | _ | | |
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| | ī | City | | State | | ZIP Code | _ | | |
| s | hown i Schedu | in line 2 again | as a codebt orm 106D), | or only if tha Schedule E/F | t person is a g - (Official Form | uarantor or cosign | er. Make sure | se is filing with you. Li you have listed the cre Form 106G). Use S <i>che</i> | ditor on |
| | Column | n 1: Your code | otor | | | | Colum | n 2: The creditor to wh | om you owe the debt |
| | | | | | | | Check | all schedules that apply | r |
| 3.1 | | | | | | | a s | chedule D, line | |
| | Name | | | | | | | chedule E/F, line | - |
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| 3.2 | | | | | | | Пе | chedule D, line | |
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| | Number | r Street | | | | | s | Liteuale O, little | |
| | City | | | St | ate | ZIP Code | | | and the second s |

Schedule H: Your Codebtors

| Debte | or 1 | Hansik Park | | | Case number (if known) |
|-------|--------|--|----------------|----------|--|
| | | First Name Middle Name | Last Name | | |
| | | Additional Page to List | More Codebtors | | |
| | Columi | 1: Your codebtor | | | Column 2: The creditor to whom you owe the debt |
| 3 | | | | | Check all schedules that apply: |
| 3 | | | | | Schedule D, line |
| | Name | | | | ☐ Schedule E/F, line |
| | Number | Street | | | Schedule G, line |
| | | | | | _ |
| | City | the state of the s | State | ZIP Code | |
| 3 | | | | | _ Schedule D, line |
| | Name | | | | ☐ Schedule E/F, line |
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| | Name | | | | ☐ Schedule E/F, line |
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| | | - Citati | | | Schedule G, line |
| | Number | Street | | | |
| | City | | State | ZIP Code | |

| Fill in this information to identify | your case: | | | | | |
|--|---|---|----------------------|---------------------------------------|---|---------------------|
| Hansik Park | | | | | | |
| Debtor 1 First Name | Middle Name | Last Name | | | | |
| Debtor 2 (Spouse, if filing) First Name | Middle Name | Last Name | | | | |
| United States Bankruptcy Court for the: | Eastern District of New York | | | | | |
| Case number | | | | Check if th | nis is: | |
| (If known) | | | | An ame | ended filing | |
| | | | | | lement showing post as of the following d | |
| Official Form 106l | | | | MM / D | D/ YYYY | |
| Schedule I: You | ır Income | | | | | 12/15 |
| Be as complete and accurate as posupplying correct information. If you are separated and your spouseparate sheet to this form. On the Part 1: Describe Employm | ou are married and not filin ise is not filing with you, d top of any additional page | ig jointly, and yo o not include inf | ur spous ormation | e is living with yard about your spou | ou, include informatio use. If more space is n | eeded, attach a |
| Fill in your employment information. | | Debtor 1 | | | Debtor 2 or non-fi | ling spouse |
| If you have more than one job, attach a separate page with information about additional employers. | Employment status | Employed Not employed | ed | | ☐ Employed ☐ Not employed | |
| Include part-time, seasonal, or self-employed work. | Occupation | beau | 74 | | | |
| Occupation may include student or homemaker, if it applies. | Employer's name | Noils | NO | OBEL | | |
| | Employer's address | | | wasting | 300 | |
| | | | | istingro | M Clamat | |
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| | | City | State | ZIP Code | City | State ZIP Code |
| | How long employed there | • | eai | 8 | | |
| | non long ompreyon mere | | | • | 10.000 | |
| Part 2: Give Details About | : Monthly Income | | | | | |
| Estimate monthly income as of | the date you file this form. | . If you have nothi | ng to repo | ort for any line, wr | ite \$0 in the space. Incl | ude your non-filing |
| spouse unless you are separated If you or your non-filing spouse ha | - | | | | | |
| below. If you need more space, a | ttach a separate sheet to this | s form. | imation it | or air cimpioyoro re | , that percent on the man | |
| | | | 1290550040 | For Debtor 1 | For Debtor 2 or non-filing spouse | |
| 2. List monthly gross wages, sal deductions). If not paid monthly, | ary, and commissions (before calculate what the monthly was | ore all payroll wage would be. | 2. | 1000 | \$ | |
| 3. Estimate and list monthly over | rtime pay. | | 3. + 9 | S | + \$ | |
| 4. Calculate gross income. Add li | ne 2 + line 3. | | 4. | 1000 | \$ | |

| ebtor 1 | Hansik Park | | Case number (if know | n) | |
|-----------------------|--|--------------------|--|--|---------------------------------------|
| | First Name Middle Name Last Name | | | | |
| | | | For Debtor 1 | For Debtor 2 or non-filing spouse | |
| | , | | 1000 | Specific responded to the property of the prop | |
| Cop | by line 4 here | 4 . | \$ | \$ | |
| 5. List | all payroll deductions: | | | | |
| 5a | . Tax, Medicare, and Social Security deductions | 5a. | \$ | \$ | |
| 5b | . Mandatory contributions for retirement plans | 5b. | \$ | \$ | |
| | Voluntary contributions for retirement plans | 5c. | \$ | \$ | |
| 5d | | 5d. | \$ | \$ | |
| 5e | Insurance | 5e. | \$ | \$ | |
| 5f. | Domestic support obligations | 5f. | \$ | \$ | |
| 5a | . Union dues | 5g. | \$ | \$ | |
| _ | Other deductions. Specify: | 5h. | +\$ | + \$ | |
| | Id the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. | 6. | \$ | \$ | |
| o. Ac | a dio payron doddonom, ale mee est est est | | 4.000 | • | |
| 7. C a | sculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | <u>\$ 1000</u> | \$ | |
| 8. Lis | t all other income regularly received: | | | | |
| 8a | . Net income from rental property and from operating a business, profession, or farm | | | | |
| | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$_ <i>O</i> | \$ | |
| 8b | b. Interest and dividends | 8b. | \$ <u> </u> | \$ | |
| 80 | Family support payments that you, a non-filing spouse, or a depende regularly receive | nt | | | |
| | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | \$ | |
| 8d | . Unemployment compensation | 8d. | \$ | \$ | |
| 8∈ | s. Social Security | 8e. | \$ | \$ | |
| 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | ice 8f. | \$ | \$ | |
| 80 | Pension or retirement income | 8g. | \$ | \$ | |
| | n. Other monthly income. Specify: | 8h. | +\$ | +\$ | |
| | Id all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 9. | \$ | \$ | |
| 10. Cal Ade | culate monthly income. Add line 7 + line 9. d the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$ - | + = | \$ |
| Inc frie | ate all other regular contributions to the expenses that you list in Scheolude contributions from an unmarried partner, members of your household, your sold or relatives. | your d | ependents, your roon | | |
| | not include any amounts already included in lines 2-10 or amounts that are ecify: | | | | \$ |
| 12. Ad Wr | d the amount in the last column of line 10 to the amount in line 11. The ite that amount on the Summary of Your Assets and Liabilities and Certain S | result Statisti | is the combined mon cal Information, if it ap | nthly income. pplies 12. | \$ 1000 Combined monthly income |
| | you expect an increase or decrease within the year after you file this | form? | , | | onung moonio |
| | No. Yes. Explain: | | - | | |
| _ | · 1 | | | | |

| Fill in this information to identif | y your case: | | | |
|---|--|--|--|--|
| Debtor 1 Hansik Park First Name | Middle Name Last Name | Check if the | nie ie: | |
| Debtor 2 | | _ | ended filing | |
| (Spouse, if filing) First Name | Middle Name Last Name | _ | ended ming lement showing pos | tpetition chapter 13 |
| United States Bankruptcy Court for the | : Eastern District of New York | | ses as of the followin | |
| Case number (If known) | | MM / DI | D / YYYY | |
| Official Form 106J | _ | | | |
| Schedule J: Yo | ur Expenses | | | 12/15 |
| Be as complete and accurate as prinformation. If more space is need (if known). Answer every question | oossible. If two married people are fil ded, attach another sheet to this forn n. | ing together, both are equally r n. On the top of any additional p | esponsible for supply pages, write your nam | ring correct ne and case number |
| Part 1: Describe Your Ho | usehold | | | |
| 1. Is this a joint case? | | | | |
| ☐ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a | separate household? | | | |
| ☑ No | le Official Form 106J-2, Expenses for S | Separate Household of Debtor 2. | | |
| 2. Do you have dependents? | можения постоя в постоя постоя в посто Мо | од на принципант | | the second secon |
| Do not list Debtor 1 and Debtor 2. | Yes. Fill out this information for each dependent | Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? |
| Do not state the dependents' names. | | | | ☐ No ☐ Yes |
| names. | | | | ☐ No |
| | | | | Yes |
| | | | | ☐ No |
| | | | | ☐ Yes |
| | | | | ☐ No ☐ Yes |
| | | | | ☐ No |
| | | | - | Yes |
| 3. Do your expenses include expenses of people other than yourself and your dependents? | ☑ No ☐ Yes | | | |
| Part 2: Estimate Your Ongoi | ng Monthly Expenses | | | |
| Estimate your expenses as of your | bankruptcy filing date unless you a | re using this form as a supplem | ent in a Chapter 13 ca | ase to report |
| | kruptcy is filed. If this is a suppleme | ental Schedule J, check the box | at the top of the form | and fill in the |
| applicable date. | -cash government assistance if you | Irmany that yeaking of | | |
| | l it on <i>Schedule I: Your Income</i> (Offic | | Your expen | ises |
| | expenses for your residence. Include | · | ************************************** | 11050 |
| If not included in line 4: | | | | |
| 4a. Real estate taxes | | | 4a. \$ | |
| 4b. Property, homeowner's, or re | enter's insurance | | 4b. \$ | |
| 4c. Home maintenance, repair, a | and upkeep expenses | | 4c. \$ | , |
| 4d. Homeowner's association or | condominium dues | | 4d. \$ | |

| Debtor 1 | Hansik Park | Case number (if known) |
|----------|-------------|------------------------|
|----------|-------------|------------------------|

| | | | Your expenses |
|-----|---|------|---------------|
| 5. | Additional mortgage payments for your residence, such as home equity loans | 5. | \$ |
| 6. | Utilities: | | |
| 0. | 6a. Electricity, heat, natural gas | 6a. | \$ |
| | 6b. Water, sewer, garbage collection | 6b. | \$ |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ |
| | 6d. Other Specify: | 6d. | \$ |
| 7. | Food and housekeeping supplies | 7. | \$ |
| 8. | Childcare and children's education costs | 8. | \$ |
| 9. | Clothing, laundry, and dry cleaning | 9. | \$ |
| 10. | Personal care products and services | 10. | \$ |
| 11. | Medical and dental expenses | 11. | \$ |
| 12. | Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | \$ |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ |
| 14. | Charitable contributions and religious donations | 14. | \$ |
| 15. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| | 15a. Life insurance | 15a. | \$ |
| | 15b. Health insurance | 15b. | \$ |
| | 15c. Vehicle insurance | 15c. | \$ |
| | 15d. Other insurance. Specify: | 15d. | \$ |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. | \$ |
| 17. | Installment or lease payments: | | |
| | 17a. Car payments for Vehicle 1 | 17a. | \$ |
| | 17b. Car payments for Vehicle 2 | 17b. | \$ |
| | 17c. Other. Specify: | 17c. | \$ |
| | 17d. Other. Specify: | 17d. | \$ |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ |
| 19. | Other payments you make to support others who do not live with you. | | |
| | Specify: | 19. | \$ |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom | e. | |
| | 20a. Mortgages on other property | 20a. | \$ |
| | 20b. Real estate taxes | 20b. | \$ |
| | 20c. Property, homeowner's, or renter's insurance | 20c. | \$ |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | \$ |
| | 20e. Homeowner's association or condominium dues | 20e. | \$ |

| Debtor 1 | | | | | Case number (if known) | |
|----------------|--|--------------------|--|---|------------------------|--|
| | First Name | Middle Name | Last Name | | | |
| 21. Otł | her. Specify: | | | | 21. | +\$ |
| 22. Cal | culate your mor | thly expenses. | | | | |
| 22a | . Add lines 4 thro | ugh 21. | | | 22a . | \$ |
| 22b | o. Copy line 22 (m | onthly expenses | for Debtor 2), if any, from Officia | al Form 106J-2 | 22b. | \$ |
| 22c | . Add line 22a an | d 22b. The result | t is your monthly expenses. | | 22c. | \$ |
| | | | | | | Brown - 15 / 1 - 25 - 16 (10 to 1900) collectors commence in accommensus accommensus consistences consistences |
| 23. Calc | ulate your mont | nly net income. | | | | |
| 23a. | Copy line 12 (yo | our combined mo | onthly income) from Schedule I. | | 23a. | \$ |
| 23b. | Copy your mont | hly expenses fro | om line 22c above. | | 23b. | -\$ |
| 23c. | Subtract your m | onthly expenses | from your monthly income. | | | |
| | The result is you | ır monthly net in | come. | | 23c. | \$ |
| For e | xample, do you e | xpect to finish pa | ase in your expenses within the aying for your car loan within the ease because of a modification to | year or do you exp | ect your | |
| 2 No | | | | - | mengage. | |
| ☐ Ye | | | | enderfor antiquitation of the second of the | | |
| | | | | | | |
| | | | | | | |
| | to the section of the | | | | | |

| Fill in this i | nformation to identi | y your case: | | | |
|---------------------------|---|--|------------------------|--|-----------------------|
| Debtor 1 | Hansik Park First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse, if filing | | Middle Name | Last Name | | |
| | , - | e: Eastern District of N | lew York (State) | | |
| Case number (If known) | | | | | Check if this is a |
| | | - Buston Sun-or constitution - Buston - Bu | ···· | | amended filing |
| | | | | | |
| Officia | al Form 106 | Эес | | | |
| Decl | laration A | About an I | Individual | Debtor's Schedules | 12/15 |
| 15.4 | | | | | |
| | | | | supplying correct information. | |
| | | | | ded schedules. Making a false statement, co | |
| | | by fraud in connection 52, 1341, 1519, and 35 | | se can result in fines up to \$250,000, or impr | isonment for up to 20 |
| years, or i | DOM: 18 0.3.C. 39 18 | 12, 1341, 1515, and 35 | 77 1. | | |
| | | | | | |
| | Sign Below | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | |
| Did vo | u nav or agree to na | ay samaana who is NC | OT an attorney to bein | you fill out bankruptcy forms? | |
| Øl No | | ly someone who is No | or an automey to help | you mi out bankruptoy forms. | |
| _ | s. Name of person | | | . Attach Bankruptcy Petition Preparer's Notice, De | eclaration. and |
| | o. Hamo of porcon | | | Signature (Official Form 119). | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | 1 | | at a data of the day the date of a planetic or and | |
| | penalty of perjury, I ey are true and corr | | ad the summary and s | chedules filed with this declaration and | |
| | | | | | |
| | | / ./ | | | |
| × | | | × | | |
| | | 17.7 | | | |
| | ure of Debtor 1 | - / | Signature of Del | btor 2 | |
| Ū | July 29, 2019 | - / | Signature of Det | btor 2 | |

| Fill in t | nis information to identify you | case: | | | | |
|------------------------------------|--|--|--|---|--|----------------------------------|
| Debtor 1 | Hansik Park | | | | | |
| Debtor 2 | | Middle Name | Last Name | | | |
| | | Middle Name | Last Name | | | |
| United S | tates Bankruptcy Court for the: East | ern District of No | ew York | | | |
| Case nur (if known) | | | | | | Check if this is an |
| | 44 | | | | | amended filing |
| | | | | | | |
| | al Form 107 | _! <i>A & &</i> _ : | | ideala Filiaa | | |
| Be as cor informati number (| ement of Financi mplete and accurate as possib on. If more space is needed, a if known). Answer every quest | le. If two marrio ttach a separat ion. | ed people are filing te sheet to this for | g together, both are equa m. On the top of any add | lly responsible for supplyin | g correct |
| Part 1: | | | us and Where Y | ou Lived Before | | |
| | t is your current marital status | ? | | | | |
| | Married Not married | | | | | |
| V N | ng the last 3 years, have you live lo es. List all of the places you live Debtor 1: | | | | | Dates Debtor 2 lived there |
| | | | | ☐ Same as Debtor 1 | | ☐ Same as Debtor 1 |
| | | | From | | | From |
| | Number Street | | То | Number Street | | То |
| | | | | | | |
| | City State | ZIP Code | | City | State ZIP Code | |
| | | | | ☐ Same as Debtor 1 | | ☐ Same as Debtor 1 |
| | | | From | | | From |
| | Number Street | | To | Number Street | | To |
| | | | | | | |
| | City State | ZIP Code | | City | State ZIP Code | |
| states M N | es. Make sure you fill out <i>Sched</i> | California, Idaho | o, Louisiana, Nevad | la, New Mexico, Puerto Rio | operty state or territory? (Co co, Texas, Washington, and V | ommunity property Visconsin.) |
| Part 2: | Explain the Sources of Yo | our Income | | | | |

| Debto | or 1 Hansik Park | | Case nu | mber (if known) | |
|-------|---|--|--|--|--|
| | First Name Middle Name Las | t Name | | | |
| | Did you have any income from employme Fill in the total amount of income you receive If you are filing a joint case and you have inc | ed from all jobs and all busi | nesses, including part-tir | me activities. | endar years? |
| | Yes. Fill in the details. | | | | |
| | | Debtor 1 | | Debtor 2 | |
| | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | From January 1 of current year until the date you filed for bankruptcy: | Wages, commissions, bonuses, tips | \$ | Wages, commissions, bonuses, tips | \$ |
| | the date you med for bankruptcy. | Operating a business | | Operating a business | |
| | For last calendar year: | Wages, commissions, bonuses, tips | \$ | Wages, commissions, bonuses, tips | \$ |
| | (January 1 to December 31, | Operating a business | Ψ | Operating a business | Ψ |
| | For the calendar year before that: | Wages, commissions, bonuses, tips | | ☐ Wages, commissions, bonuses, tips | |
| | (January 1 to December 31, | Operating a business | \$ | Operating a business | \$ |
| I | gambling and lottery winnings. If you are filing list each source and the gross income from a Mary No Mary Yes. Fill in the details. | | | you listed in line 4. | |
| | | Debtor 1 | | Debtor 2 | |
| | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) |
| | From January 1 of current year until | | \$ | | \$ |
| | the date you filed for bankruptcy: | | \$ | | \$ |
| | | | \$ | | \$ |
| | For last calendar year: | | \$ | | \$ |
| | (January 1 to December 31,) | | · . | | \$ |
| | | | - | | \$ |
| | For the calendar year before that: | | <u> </u> | | \$ |
| | (January 1 to December 31,) | | <u> </u> | | \$ |
| | | 5 | 6 | | \$ |

| Debtor 1 | Hansik Park | | Case | number (if known) | |
|-----------------|--|---------------------|----------------------------|------------------------------|------------------------|
| | First Name Middle Name Last Name | | | | |
| PERCHAPTURE SEE | | | | | |
| Part 3: | List Certain Payments You Made Befo | re You Filed | for Bankruptcy | | |
| | | | | | |
| 6. Are eit | her Debtor 1's or Debtor 2's debts primarily c | onsumer deb | ts? | | |
| | Neither Debtor 1 nor Debtor 2 has primarily | | | re defined in 11 U.S.C. § 10 | 1(8) as |
| 45-1 14C | "incurred by an individual primarily for a person | nal, family, or h | nousehold purpose." | | |
| | During the 90 days before you filed for bankru | ptcy, did you p | ay any creditor a total of | f \$6,825* or more? | |
| | ☑ No. Go to line 7. | | | | |
| | ☐ Yes. List below each creditor to whom you | paid a total of | \$6,825* or more in one | or more payments and the | |
| | total amount you paid that creditor. D child support and alimony. Also, do no | o not include p | ayments for domestic su | upport obligations, such as | |
| | * Subject to adjustment on 4/01/22 and every | | | | |
| | | | | • | |
| ∟ Ye | s. Debtor 1 or Debtor 2 or both have primarily During the 90 days before you filed for bankru | | | \$600 or more? | |
| | _ | picy, ala you p | ay any creditor a total of | wood of more. | |
| | No. Go to line 7. | | | | |
| | Yes. List below each creditor to whom you creditor. Do not include payments for | paid a total of | \$600 or more and the to | otal amount you paid that | |
| | alimony. Also, do not include payments for | its to an attorn | ey for this bankruptcy ca | se. | |
| | | | | | |
| | | Dates of payment | Total amount paid | Amount you still owe | Was this payment for |
| | | , , , | | | |
| | Creditor's Name | | \$ | \$ | ☐ Mortgage |
| | 5,541,57 5 1,411,5 | | | | Car |
| | Number Street | | | | Credit card |
| | _ | | | | Loan repayment |
| | | | | | Suppliers or vendors |
| | City State ZIP Code | | | | Other |
| | | | | | |
| | | | \$ | \$ | ☐ Mortgage |
| | Creditor's Name | | | | Car |
| | Number Street | | | | Credit card |
| | Names. | | | | Loan repayment |
| | | | | | ☐ Suppliers or vendors |
| | City State ZIP Code | | | | ☐ Other |
| | • | | | | |
| | | | • | • | |
| | Creditor's Name | | \$ | \$ | ☐ Mortgage |
| | | | | | ☐ Car |
| | Number Street | | | | Credit card |
| | | | | | Loan repayment |
| | | | | | Suppliers or vendors |
| | City State ZIP Code | | | | Other |
| | | | | | |

Hansik Park

| 1 | Hansik Park | | _ | Case number (if known | 1) |
|------------------------------|--|------------------------------------|---|---|---|
| | First Name Middle Name Last Name | | | | |
| <i>Insic</i> corp ager | nin 1 year before you filed for bankruptcy, did ders include your relatives; any general partners; orations of which you are an officer, director, per nt, including one for a business you operate as a n as child support and alimony. | relatives of any son in control, o | general partners; or owner of 20% or | partnerships of which | ch you are a general partner; g securities; and any managing |
| - 1 | es. List all payments to an insider. | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
| | Insider's Name | | \$ | \$ | |
| | Number Street | | | | |
| | City State ZIP Code | _ | | | |
| | | _ | \$ | \$ | |
| | Insider's Name Number Street | | | | |
| | | | | | |
| | City State ZIP Code | - | | | |
| n in nclud | n 1 year before you filed for bankruptcy, did y sider? de payments on debts guaranteed or cosigned by to es. List all payments that benefited an insider. | | Payments or trans Total amount paid | ofer any property of Amount you still owe | |
| | Insider's Name | | \$ | \$ | |
| , | Number Street | - | | | |
| | City State ZIP Code | - | | | |
| | | | \$ | \$ | |
| i | Insider's Name | | - | | |
| i | Number Street | | | | |
| - | | | | | |
| ā | City State ZIP Code | • | | | |

| 1 | Hansik Park | | Case number (| ıf known) | |
|------|---|--|---|--|---|
| | First Name Middle Name Last I | vame | | | |
| | | _ | | | |
| t 4: | | | | -1-1-1-1-1-1 | |
| | n 1 year before you filed for bankrupt I such matters, including personal injury | | | | |
| d co | ontract disputes. | | | | |
| No | | | | | |
| Ye | s. Fill in the details. | | | | |
| | | Nature of the case | Court or agency | | Status of the ca |
| C | _{ase title} Wilmington Savings Fu | Foreclosure Action | Nassau Supre | eme Court | — ✓ Pending |
| | | | Court Name | | On appeal |
| | Society, FSB | | 100 Supreme | Court Drive | Concluded |
| Ca | ase number 606145/2017 | | Mineola | NY 11501 | |
| | | | City | State ZIP Code | _ |
| | | | | | |
| Ca | ase title | | Court Name | | Pending |
| | | | <u> </u> | | On appeal |
| | | | Number Street | | Concluded |
| Ca | ase number | | City | State ZIP Code | - |
| | s. Fill in the information below. | Describe the pr | opertv | Date | Value of the proper |
| | | en en hans ous en het en en son ous en | . Programme and the second of | or seek of the state of the | |
| | Creditor's Name | | | | \$ |
| | Creditor's Marile | | | | |
| | Number Street | Explain what ha | ppened | and the second s | |
| | | ☐ Property v | vas repossessed. | | |
| | | Property w | vas foreclosed. | | |
| | 0.1 | | vas garnished. | | |
| | City State ZIP Coc | parameter to the control of the department of the second and the s | vas attached, seized, or levied | g symmetricij vijenticija ir ijani. Izminericinovijenticija gasazemina a icekvenici. | e egypterstylpter i et it. Care og ekster i fan fer voetste egystere egystere en statesterstersters |
| | | Describe the pro | оренту | Date | Value of the prope |
| | | | | | \$ |
| | Creditor's Name | | | | Ψ |
| | | | | | |
| | Number Street | Explain what ha | ppened | | |
| | | Property w | as repossessed. | | |
| | | | as foreclosed. | | |
| | City State ZIP Cod | Property w | as garnished. | | |
| | | Property w | as attached, seized, or levied. | | |

| nin 90 days before you filed for bankru | ptcy, did any creditor, including a bank or finan | cial institution, set off any amounts from you |
|--|--|--|
| ounts or refuse to make a payment bed | cause you owed a debt? | |
| No ∕es. Fill in the details. | | |
| i co. i ili ili tilo actallo. | | |
| | Describe the action the creditor took | Date action Amount was taken |
| Creditor's Name | . | |
| | | \$ |
| Number Street | - | |
| | _ | |
| | The state of the s | and the second of the second s |
| City State ZIP Code | Last 4 digits of account number: XXXX | |
| | | |
| in 1 year before you filed for bankrupt | cy, was any of your property in the possession | of an assignee for the benefit of |
| litors, a court-appointed receiver, a cus | | |
| No | | |
| Yes | | |
| | | |
| List Certain Gifts and Contribu | tions | |
| No Yes. Fill in the details for each gift. | | |
| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave Value |
| per person | | |
| | The second second section of the | the gifts |
| | | the gifts |
| Person to Whom You Gave the Gift | | the gifts |
| Person to Whom You Gave the Gift | | the gifts |
| Person to Whom You Gave the Gift | | the gifts |
| | | the gifts |
| | | the gifts |
| lumber Street | | the gifts |
| lumber Street sity State ZIP Code | | the gifts |
| lumber Street sity State ZIP Code | | the gifts |
| iumber Street ity State ZIP Code derson's relationship to you | | the gifts \$\$ |
| ity State ZIP Code erson's relationship to you sifts with a total value of more than \$600 | Describe the gifts | the gifts |
| ity State ZIP Code erson's relationship to you sifts with a total value of more than \$600 | | the gifts \$\$\$\$ Dates you gave Value |
| Jumber Street State ZIP Code Person's relationship to you Sifts with a total value of more than \$600 | Describe the gifts | the gifts \$\$\$\$ Dates you gave Value |
| Sitty State ZIP Code Person's relationship to you Sifts with a total value of more than \$600 per person | Describe the gifts | the gifts \$\$ Dates you gave the gifts |
| Sifts with a total value of more than \$600 ter person | Describe the gifts | the gifts \$\$ Dates you gave the gifts |
| Sifts with a total value of more than \$600 ter person | Describe the gifts | Dates you gave the gifts Dates you gave the gifts \$ |
| Sifts with a total value of more than \$600 ter person | Describe the gifts | Dates you gave the gifts Dates you gave the gifts \$ |
| Person to Whom You Gave the Gift Jumber Street Sity State ZIP Code Person's relationship to you Sifts with a total value of more than \$600 Person to Whom You Gave the Gift Jumber Street | Describe the gifts | Dates you gave the gifts Dates you gave the gifts \$ |
| Jumber Street Sity State ZIP Code Person's relationship to you Sifts with a total value of more than \$600 per person Person to Whom You Gave the Gift | Describe the gifts | Dates you gave the gifts Dates you gave the gifts \$ |

| 1 Hansik Park First Name Middle Name | Case number (if known)_ | | |
|--|---|---|---------------------------|
| | | | |
| /ithin 2 years before you filed | for bankruptcy, did you give any gifts or contributions with a total valu | ue of more than \$6 | 600 to any charity? |
| 1 No | | | |
| Yes. Fill in the details for each | h gift or contribution. | | |
| Gifts or contributions to chari that total more than \$600 | ties Describe what you contributed | Date you contributed | Value |
| | e compressione en actività de la compression de la compression de la compressione de la compressione de la comp | ······································ | |
| | | | \$ |
| Charity's Name | | | |
| | and the state of t | | \$ |
| | | | |
| Number Street | | | |
| | | | |
| City State ZIP Code | | | |
| | | | |
| 6: List Certain Losses | | | |
| | | | |
| Yes. Fill in the details. Describe the property you lost how the loss occurred | t and Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance | Date of your loss | Value of property lost |
| | claims on line 33 of Schedule A/B: Property. | | |
| The state of the s | | | \$ |
| | | | |
| . По при развительной проведений по при проведений по проведений по проведений по проведений по проведений по п По при развительной по проведений по проведений по проведений по проведений по проведений по проведений по про | | | |
| 78 List Certain Payment | ts or Transfers | | |
| ou consulted about seeking banclude any attorneys, bankruptcy | or bankruptcy, did you or anyone else acting on your behalf pay or trainantruptcy or preparing a bankruptcy petition? y petition preparers, or credit counseling agencies for services required in your | | to anyone |
| No Yes. Fill in the details. | | | |
| | Description and value of any property transferred | Date payment or transfer was made | Amount of paymen |
| Person Who Was Paid | A process of the second of the | | |
| Number Street | | | \$ |
| | | | |
| | | | \$ |
| City State | ZIP Code | | |
| Empil anywaheita addeses | | | |
| Email or website address | | | |
| Person Who Made the Payment, if No | t You | | |

| otor 1 | Hansik Park First Name Middle Name Last | t Name | Case number (if known) | | |
|---------------------------|---|--|--|--|--|
| | | turkers | | EEDVECTOON AND TO BEEN AND STANKARD SEED AND SE | ndenden viv nedlig vision fra fra de state en som en state en som en |
| | | Description and value of any property | y transferred | Date payment or transfer was made | Amount of payment |
| | Person Who Was Paid | | | | \$ |
| | Number Street | - | | | Ψ |
| | | <u>.</u> | | | \$ |
| | City State ZIP Code | - | | | |
| | Email or website address | | | | |
| | Person Who Made the Payment, if Not You | | | | |
| A | No Yes. Fill in the details. | | | | |
| | | Description and value of any property | transferred | Date payment or transfer was | Amount of pays |
| | Person Who Was Paid | | | made | |
| | Number Street | • | | | \$ |
| | | : • . | | | \$ |
| | City State ZIP Code | the state of the s | and the second s | | |
| tran Inclu Do≀ ☑ | nin 2 years before you filed for bankrup asferred in the ordinary course of your ude both outright transfers and transfers r not include gifts and transfers that you han No Yes. Fill in the details. | business or financial affairs? made as security (such as the granting | | | |
| | | Description and value of property transferred | Describe any property o or debts paid in exchan | | Date transfe was made |
| | Person Who Received Transfer | garante de la seu de ministrator de l'arque el ministrator de la titra debute de la recepta dell'estat debut de L' | | ment van Bereick großer in der vermeen kerder van de | |
| | Number Street | | | | |
| | | | | | |
| | City State ZIP Code | | | | |
| | Person's relationship to you | | | | |
| | Person Who Received Transfer | | | | |
| | Number Street | | | | |
| | | | | | |
| | City State ZIP Code | | | | |

| Debtor 1 | Hansik Park First Name Middle Name | Last Name | Case number (if ki | own) | |
|------------------|--------------------------------------|--|-------------------------------|--|--|
| | | | | | |
| 19. Wit h | nin 10 years before you filed for ba | ankruptcy, did you transfer any prope | rty to a self-settled tru | st or similar device of v | which you |
| | a beneficiary? (These are often cal | | | | • |
| 2 | | | | | |
| u ' | Yes. Fill in the details. | | | | |
| | | Description and value of the propo | erty transferred | | Date transfer was made |
| | | | | | |
| 1 | Name of trust | · | | | |
| | | | | | |
| - | | | | | |
| Part 8 | List Certain Financial Acco | ounts, Instruments, Safe Deposit | Boxes. and Storag | e Units | removement and a second and a s |
| | 3 | kruptcy, were any financial accounts | | | benefit, |
| clos | ed, sold, moved, or transferred? | | | | |
| | | rket, or other financial accounts; cert operatives, associations, and other fit | | ares in banks, credit ur | nons, |
| 1 | _ | | | | |
| U 1 | Yes. Fill in the details. | | | | |
| | | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| | Name of Financial Institution | XXXX | ☐ Checking | | \$ |
| | Number Street | | ☐ Savings | | · |
| | | | ☐ Money market | | |
| | | | ☐ Brokerage | | |
| | City State ZIP Cod | e | ☐ Other | | |
| | | XXXX- | Checking | | \$ |
| | Name of Financial Institution | | Savings | | |
| | Number Street | | ☐ Money market | | |
| | | and Address a | ☐ Brokerage | | |
| | City State ZIP Cod | <u> </u> | ☐ Other | | |
| | • | nin 1 year before you filed for bankrup | tov any safo donosit | hay ar other denocitor | , for |
| | irities, cash, or other valuables? | ini i year before you med for bankiup | icy, any sale deposit | box of other depositors | , 101 |
| ☑ N | | | | | |
| □ Y | es. Fill in the details. | Who else had access to it? | Describe th | e contents | Do you still |
| | | THIS CISC HAD ACCESS to It. | 10000000 | | have it? |
| | | | | | □ No |
| i | Name of Financial Institution | Name | | | ☐ Yes |
| i | Number Street | Number Street | | | |
| | | | : i | | |
| ; | City State ZIP Code | City State ZIP Code | | | |

| Debtor 1 | Hansik Park First Name Middle Name Las | it Name | Case number (if known) | |
|----------|--|---|--|-----------------------|
| | First Warte Wildle Walle | , radio | | |
| | | or place other than your home wi | thin 1 year before you filed for bankruptcy? | |
| | √os. Fill in the details. | | | |
| | | Who else has or had access to it? | Describe the contents | Do you still have it? |
| | | | | □ No |
| | Name of Storage Facility | Name | · | Yes |
| | Number Street | Number Street | | |
| | | OV OLA TIP OLA | | |
| | O'the Chate 71D Code | City State ZIP Code | | |
| | City State ZIP Code | | | |
| Part 9 | | or Control for Someone Else | | |
| | | someone else owns? Include any | property you borrowed from, are storing for, | |
| , | nold in trust for someone. No | | | |
| | Yes. Fill in the details. | | | 14-1 |
| | | Where is the property? | Describe the property | Value |
| | Owner's Name | | | \$ |
| | Number Street | Number Street | | |
| | Number Street | | <u>.</u> | |
| | City State ZIP Code | City State Z | P Code | |
| م برسید | | | | |
| Part 1 | | | | |
| | e purpose of Part 10, the following defi vironmental law means any federal, sta | | oncerning pollution, contamination, releases of | |
| haz | ardous or toxic substances, wastes, ouding statutes or regulations controlli | or material into the air, land, soil, s | urface water, groundwater, or other medium, | |
| | | | nental law, whether you now own, operate, or | |
| utili | ze it or used to own, operate, or utilize | e it, including disposal sites. | | |
| | ardous material means anything an ei stance, hazardous material, pollutant, | | ardous waste, hazardous substance, toxic | |
| Report | all notices, releases, and proceedings | s that you know about, regardless | of when they occurred. | |
| 24 Has | any governmental unit notified you th | at you may be liable or potentially | liable under or in violation of an environmental | law? |
| Ø | | | | |
| | NO Yes. Fill in the details. | | | |
| | | Governmental unit | Environmental law, if you know it | Date of notice |
| | | | | |
| 1 | Name of site | Governmental unit | - | |
| į | Number Street | Number Street | | |
| | | City State ZIP Code | - | |
| | | , | | |
| | 01.4. 710.0-4- | | | |

| 1 | Hansik Park | | Case number | (if known) | |
|------------|---|--|--|-----------------------------|-----------------------|
| | First Name Middle Name Las | t Name | | | |
| | | | | | |
| lave | you notified any governmental unit o | of any release of hazardous mater | ial? | | |
| M M | No | | | | |
| u 1 | es. Fill in the details. | | | | |
| | | Governmental unit | Environmental law | , if you know it | Date of notice |
| | | | | | |
| | Name of site | Governmental unit | - | | |
| | Nume of Site | Governmental unit | | | |
| | Number Street | Number Street | - | | |
| | | | | | |
| | | City State ZIP Code | - | | |
| | City State ZIP Code | - | | | |
| | | | | | |
| lave | you been a party in any judicial or ac | iministrative proceeding under an | ıy environmental la | w? Include settlements a | nd orders. |
| ZÍ N | lo- | | | | |
| ☐ Y | es. Fill in the details. | | | | 04-4 |
| | | Court or agency | Nature of the | case | Status of the case |
| , | Sana titla | | | | _ |
| • | Case title | Court Name | | | Pending |
| | | | | | On appea |
| _ | | Number Street | | | Conclude |
| | | | | | |
| C | Case number | City State ZIP Co | de | | |
| | | | | | |
| 336 | Give Details About Your Bu | siness or Connections to Any | / Business | | |
| | A sole proprietor or self-employed A member of a limited liability com A partner in a partnership An officer, director, or managing e | pany (LLC) or limited liability part | | ne or part-time | |
| | An owner of at least 5% of the voti | ng or equity securities of a corpor | ation | | |
| | lo. None of the above applies. Go to F | _ | | | |
| | es. Check all that apply above and fil | | iness. | | |
| | | Describe the nature of the busines | | Employer Identification num | nber |
| | Business Name | · | | Do not include Social Secu | rity number or ITIN. |
| | | | | EIN: | |
| | Number Street | - | | | |
| | | Name of accountant or bookkeeps | en | Dates business existed | |
| | | • | | Erom To | |
| | | <u>.</u> | | From To | |
| | City State ZIP Code | Describe the nature of the busines | ss | Employer Identification num | nber |
| | | - Describe the nature of the busines | | Do not include Social Secu | |
| | Business Name | The second secon | | | |
| | Number Street | - | | EIN: | |
| | Number Street | Name of accountant or bookkeepe | er e | Dates business existed | |
| | | en part engangen, en bjersker i sød gømenboergepende, i van tidmen det en en det en | and the second section of the second second section is a second s | | |
| | | | | From To | |
| | City State ZIP Code | - | | | |

| | | | | | Employer Identification number |
|--|--|--|--|---|--|
| | | | Describe the nature of the busines | SS | Do not include Social Security number or ITM |
| Business Name | | | angan ang sa minga taon kalantan taon na Managaran samin sa Ping sa min sa sa sa sangka Pinga sa sa sa sa sa s | | |
| | | | | | EIN: |
| Number Street | | · | Name of accountant or bookkeepe | · r | Dates business existed |
| | | | | | |
| | | | | | _ |
| - | State | ZIP Code | | | From To |
| City | State | ZIP Code | | | |
| manager rujuju Zalendeniu meskali Bartan (albanya) minyaya ett Eliopogo ilimi menjende | | essentá-usa essabblo de deletido el espojo de la | ur 1860 de jang 1860 king king king king king king king king | llandron kroniske kiel slede skalik i islock i Produkterio i 1904 bil i islock 1904 bil i i i i i i i i i i i i | |
| nin 2 years befor | e you filed | for bankrup | tcy, did you give a financial state | ment to anyone al | bout your business? Include all financial |
| itutions, credito | | | | | |
| No | | | | | |
| Yes. Fill in the d | etails belov | ٧. | | | |
| | | | Date issued | | |
| | | | Date issued | | |
| | | | | | |
| Name | | | MM / DD / YYYY | | |
| | | | | | |
| Number Street | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| City | State | ZIP Code | | | |
| City | State | ZIP Code | | | |
| City | State | ZIP Code | | | |
| | | ZIP Code | | | |
| City 2: Sign Belo | | ZIP Code | | | |
| 24 Sign Belo | w | is Statamon | t of Financial Affairs and any atta | chments, and I de | eclare under penalty of perjury that the |
| 2: Sign Belo | w swers on th | is Statemen | d that making a false statement. | concealing proper | clare under penalty of perjury that the ty, or obtaining money or property by frau |
| 2: Sign Belo ave read the ans swers are true a connection with | w swers on th nd correct. a bankrup | is <i>Statemen</i> : I understan | t of Financial Affairs and any atta d that making a false statement, result in fines up to \$250,000, or | concealing proper | ty, or obtaining money or property by irat |
| 2: Sign Belo ave read the ans swers are true a connection with | w swers on th nd correct. a bankrup | is <i>Statemen</i> : I understan | d that making a false statement. | concealing proper | ty, or obtaining money or property by irat |
| 2: Sign Belo | w swers on th nd correct. a bankrup | is <i>Statemen</i> : I understan | d that making a false statement. | concealing proper | ty, or obtaining money or property by irat |
| 2: Sign Belo ave read the ans swers are true a connection with | w swers on th nd correct. a bankrup | is <i>Statemen</i> : I understan | d that making a false statement. | concealing proper | ty, or obtaining money or property by irat |
| 2: Sign Belo ave read the ans swers are true a connection with | wers on the nd correct. a bankrup 341, 1519, | is <i>Statemen</i> : I understan | d that making a false statement. | concealing proper imprisonment for | ty, or obtaining money or property by irat |
| 23 Sign Belo ave read the ans swers are true a connection with U.S.C. §§ 152, 1 | wers on the nd correct. a bankrup 341, 1519, and or 1 | is <i>Statemen</i> : I understan | d that making a false statement, result in fines up to \$250,000, or | concealing proper imprisonment for | ty, or obtaining money or property by irat |
| 2: Sign Belo ave read the ans swers are true a connection with U.S.C. §§ 152, 1 Signature of Debt | wewers on the nd correct. a bankrup 341, 1519, 3 | is Statemen I understan toy case can and 3571. | that making a false statement, result in fines up to \$250,000, or Signature of Deb | concealing proper imprisonment for tor 2 | ty, or obtaining money or property by frac |
| 24 Sign Belo ave read the ans swers are true a connection with U.S.C. §§ 152, 1 Signature of Debt Date 07/29/201 | wewers on the nd correct. a bankrup 341, 1519, 3 | is Statemen I understan toy case can and 3571. | d that making a false statement, result in fines up to \$250,000, or Signature of Deb | concealing proper imprisonment for tor 2 | ty, or obtaining money or property by irat |
| ave read the ans swers are true a connection with U.S.C. §§ 152, 1 Signature of Debt Date 07/29/201 d you attach add | wewers on the nd correct. a bankrup 341, 1519, 3 | is Statemen I understan toy case can and 3571. | d that making a false statement, result in fines up to \$250,000, or Signature of Deb | concealing proper imprisonment for tor 2 | ty, or obtaining money or property by frac |
| ave read the ans swers are true a connection with U.S.C. §§ 152, 1 Signature of Debt Date 07/29/201 d you attach add | wewers on the nd correct. a bankrup 341, 1519, 3 | is Statemen I understan toy case can and 3571. | d that making a false statement, result in fines up to \$250,000, or Signature of Deb | concealing proper imprisonment for tor 2 | ty, or obtaining money or property by frac |
| ave read the ans swers are true a connection with U.S.C. §§ 152, 1 Signature of Debt Date 07/29/201 d you attach add | wewers on the nd correct. a bankrup 341, 1519, 3 | is Statemen I understan toy case can and 3571. | d that making a false statement, result in fines up to \$250,000, or Signature of Deb | concealing proper imprisonment for tor 2 | ty, or obtaining money or property by frac |
| ave read the ans swers are true a connection with U.S.C. §§ 152, 1 Signature of Debt Date 07/29/201 d you attach add No Yes | wers on the nd correct. a bankrup; 341, 1519, 341, 341, 341, 341, 341, 341, 341, 341 | is Statemen: I understan tcy case can and 3571. | signature of Deb Date tatement of Financial Affairs for | tor 2 | ty, or obtaining money or property by fraction of the control of t |
| ave read the ans swers are true a connection with U.S.C. §§ 152, 1 Signature of Debt Date 07/29/201 d you attach add No Yes | wers on the nd correct. a bankrup; 341, 1519, 341, 341, 341, 341, 341, 341, 341, 341 | is Statemen: I understan tcy case can and 3571. | d that making a false statement, result in fines up to \$250,000, or Signature of Deb | tor 2 | ty, or obtaining money or property by fraction of the control of t |
| ave read the ans swers are true a connection with U.S.C. §§ 152, 1 Signature of Debt Date 07/29/201 d you attach add No Yes d you pay or agre No | wers on the nd correct. a bankrup 341, 1519, a cor 1 | is Statement I understand toy case can and 3571. | signature of Deb Date tatement of Financial Affairs for | tor 2 Individuals Filing | ty, or obtaining money or property by fraction of the control of t |

| Debtor 1 | hansik park | | |
|-------------------|----------------------|----------------------------|-----------|
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filin | g) First Name | Middle Name | Last Name |
| United States | Bankruptcy Court for | the: Eastern District of N | |
| Case numbe | r | | (State) |
| Case numbe | | | |

☐ Check if this is an amended filing

12/15

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1:

List Your Creditors Who Have Secured Claims

| . For any creditors that you listed in Part 1 of Schedule D: information below. | Creditors Who Have Claims Secured by Property (Offic | ial Form 106D), fill in the |
|---|--|---|
| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
| Creditor's name: wilmington Savings | ☐ Surrender the property. | ☑ No |
| Description of property 26 Ave A Port Washington securing debt: | Retain the property and redeem it.Retain the property and enter into a Reaffirmation Agreement. | Yes |
| Cooking dob. | Retain the property and [explain]: | |
| Creditor's name: | ☐ Surrender the property. | No |
| | Retain the property and redeem it. | ☐ Yes |
| Description of property securing debt: | Retain the property and enter into a Reaffirmation Agreement. | |
| y | ☐ Retain the property and [explain]: | |
| Creditor's | ☐ Surrender the property. | □ No |
| name: | Retain the property and redeem it. | Yes |
| Description of property securing debt: | Retain the property and enter into a Reaffirmation Agreement. | |
| , | ☐ Retain the property and [explain]: | |
| Creditor's | ☐ Surrender the property. | No |
| name: | Retain the property and redeem it. | Yes |
| Description of property securing debt: | Retain the property and enter into a Reaffirmation Agreement. | 55 |
| v | ☐ Retain the property and [explain]: | |
| | | |

| ebtor 1 hansik First Name | park Middle Name | Last Name | Case number (If known) |
|--|--|--|--|
| | | | |
| | | ersonal Property Le | |
| nded. You may assu | ime an unexpired | l personal property le | in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G Unexpired leases are leases that are still in effect; the lease period has not yet lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). |
| Describe your une | xpired personal pi | roperty leases | Will the lease be assumed? |
| Lessor's name: | | | ☐ No |
| Description of lease property: | d | | ☐ Yes |
| Lessor's name: | | | No |
| Description of leased property: | | | ☐ Yes |
| Lessor's name: | | പ്പെട്ടുത്ത് പട്ടുത്തിന്റെ വേണ്ടത്തെന്നുകള് വിധാന് വേണ്ടത്ത് വേണ്ട് വേണ്ട് വേണ്ട് വേണ്ട് വേണ്ട് വേണ്ട് വേണ്ട് | |
| Description of leased property: | | | ☐ No ☐ Yes |
| Lessor's name: | Burda como di nadio esperiale di Rispeticio delle di prepinetto i helico i piginetto i helico i piginetto i di | мен до от | □ No |
| Description of leased property: | | | ☐ Yes |
| ∟essor's name: | formation is autologic sub-displaying and the property of the significant and state of the significant sub-displaying and significant sub-displaying sub-displaying sub-displaying sub-dis | SSN kalajankos kunten kujikula aanguriga najandi kultura a mesjensinoo ninguli soo mikula kiliba mesamuugi j | |
| Description of leased property: | | | ☐ No ☐ Yes |
| essor's name: | phaeumeragg i jakkagyphunhaddh ur enn 94504 jalla 1916bananligh | t ann ann gair, i reannach agus ann an Albhann ann an Albhann an Albhann an Albhann an Albhann ann Albhann an A | |
| escription of leased roperty: | | | □ No □ Yes |
| essor's name; | end dikkerringsrong distinsképtiskommonden til mysleva skiple návlediklote vysomboli | danenskrijter en se zotek menestere krijverstelstel entheke artikeling en vistorioprisissisje en severe i | |
| escription of leased operty: | | | ☐ No ☐ Yes |
| and the second s | Antonia Maria (Serro Pac Color (Sar-Oppung) America | PT CAPP PERSON IN THE PROPERTY OF THE PROPERTY | |
| 3i Sign Below | | | |
| er penalty of perjury conal property that is | , I declare that I is subject to an ur | have indicated my int nexpired lease. | ntention about any property of my estate that secures a debt and any |
| Lee la | 2/ | * | |
| nature of Debtor 1 | F | Signat | ature of Debtor 2 |
| 07/29/2016 MM/ DD / YYYY | _ | Date | MM / DD / YYYY |

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

www.nveb.uscourts.gov

STATEMENT PURSUANT TO LOCAL BANKRUPTCY RULE 1073-2(b)

| DE | EBTOR(S): | Hansik | . park | CASE NO.: |
|------------|---|--|---|---|
| | Pursuant to Lo | | 73-2(b), the debtor (or | any other petitioner) hereby makes the following disclosure concerning |
| any are | time within eight ye affiliates, as defined | ears before the filing of the in 11 U.S.C. § 101(2); (| ne new petition, and the iv) are general partner or more common general | Y LBR 1073-1 and E.D.N.Y LBR 1073-2 if the earlier case was pending at the debtors in such cases (i) are the same; (ii) are spouses or ex-spouses; (iii) are in the same partnership; (v) are a partnership and one more of its general real partners; or (vii) have, or within 180 days of the commencement of either d in the property of another estate under 11 U.S.C. § 541(a).] |
| X | NO RELATED CA | ASE IS PENDING OR | HAS BEEN PENDI | NG AT ANY TIME. |
| , . [] | | | | HAS BEEN PENDING: |
| 1. | CASE NO.: | | JUDGE: | DISTRICT/DIVISION: |
| | CASE PENDING: | : (YES/NO): | [<i>If closed</i>] Date | of Closing: |
| | | TUS OF RELATED CA | CE. | |
| | CORRESTOR | OS OT REELITED OF | (Discharged/awa | niting discharge, confirmed, dismissed, etc. |
| | MANNER | R IN WHICH CASES A | RE RELATED: (Re | fer to NOTE above): |
| 0 | SCHEDULE A/B: | PROPERTY "OFFIC | IAL FORM 106A/B | - <u>INDIVIDUAL</u> " PART 1 (REAL PROPERTY): |
| | REAL PROPERTY | AS LISTED IN DEBT | OR'S SCHEDULE "A | A/B – PART 1" WHICH WAS ALSO LISTED IN SCHEDULE "A/B" OF |
| | RELATED CASES | S: | | |
| | SCHEDULE A/B: | : ASSETS – REAL PRO | OPERTY "OFFICIA | L FORM 206A/B - <u>NON-INDIVIDUAL</u> " PART 9 (REAL |
| | PROPERTY): RE. | AL PROPERTY AS LIS | STED IN DEBTOR'S | SCHEDULE "A/B – PART 9" WHICH WAS ALSO LISTED IN |
| | SCHEDULE "A/B" | " OF RELATED CASES | S: | |
| 2 | CASE NO. | | IUDGE: | DISTRICT/DIVISION: |
| ۷. | | | | of Closing: |
| | | | | |
| | CURRENT STAT | US OF RELATED CA | (Discharged/aw | aiting discharge, confirmed, dismissed, etc. |
| | MANNEF | R IN WHICH CASES A | ARE RELATED: (Re | fer to NOTE above): |
| • | SCHEDIH F A/R | · PROPERTY "OFFIC | TAL FORM 106A/B | - <u>INDIVIDUAL</u> " PART 1 (REAL PROPERTY): |
| • | REAL PROPERTY | Y AS LISTED IN DEBT | OR'S SCHEDULE "A | A/B – PART 1" WHICH WAS ALSO LISTED IN SCHEDULE "A/B" OF |
| | | | | |
| • | | | | L FORM 206A/B - <u>NON-INDIVIDUAL</u> " PART 9 (REAL PROPERTY) |
| - | REAL PROPERTY | Y AS LISTED IN DEBT | OR'S SCHEDULE "A | A/B – PART 9" WHICH WAS ALSO LISTED IN SCHEDULE "A/B" OF |
| | RELATED CASES | | | |

[OVER]

| | DISCLOSURE OF RELATEI |) CASES (cont'd) | | | | | | | |
|----|---|--|---|--|--|--|--|--|--|
| 3. | CASE NO.: | JUDGE: | DISTRICT/DIVISION: | | | | | | |
| | CASE PENDING: (YES/NO): [If closed] Date of Closing: | | | | | | | | |
| | CURRENT STATUS OF REL | ATED CASE: | | | | | | | |
| | | (Discharged/awaitin | g discharge, confirmed, dismissed, etc. | | | | | | |
| | MANNER IN WHICH | I CASES ARE RELATED: (Refer to | o NOTE above): | | | | | | |
| • | SCHEDULE A/B: PROPERT | Y "OFFICIAL FORM 106A/B - <u>IN</u> I | DIVIDUAL" PART 1 (REAL PROPERTY): | | | | | | |
| | | | - PART 1" WHICH WAS ALSO LISTED IN SCHEDULE "A/B" OF | | | | | | |
| • | SCHEDULE A/B: ASSETS - I | REAL PROPERTY "OFFICIAL FO | ORM 206A/B - <u>NON-INDIVIDUAL</u> " PART 9 (REAL | | | | | | |
| | PROPERTY): REAL PROPER | TY AS LISTED IN DEBTOR'S SCH | IEDULE "A/B – PART 9" WHICH WAS ALSO LISTED IN | | | | | | |
| | SCHEDULE "A/B" OF RELAT | | | | | | | | |
| | TO BE COMPLETED BY DE I am admitted to practice in th CERTIFICATION (to be signed | BTOR/PETITIONER'S ATTORNI e Eastern District of New York (Y/I ed by pro-se debtor/petitioner or de | | | | | | | |
| | indicated elsewhere on this for | | is not related to any case pending or pending would start, start, start, | | | | | | |
| | | | Dale Led | | | | | | |
| | Signature of Debtor's Attorney | y | Signature of Pro-se Deptor/Petitioner | | | | | | |
| | | | 26 Ave A | | | | | | |
| | | | Mailing Address of Debtor/Petitioner | | | | | | |
| | | | portwashington NS 11050 | | | | | | |
| | | | City, State, Zip Code | | | | | | |
| | | | Portwashington NS 11050 City, State, Zip Code 66 hansik @ gmail. com Email Address | | | | | | |
| | | | | | | | | | |
| | | | Area Code and Telephone Number | | | | | | |

Failure to fully and truthfully provide all information required by the E.D.N.Y LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice.

NOTE: Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.

| UNITED STATES BANK EASTERN DISTRICT OF | | | | | | |
|---|--|--------------------------------------|----------------------------|---------------------|--------------------------|----|
| In re: | | | | Case No. Chapter | 7 | |
| Hansik po | vk 1 | Debtor(s) | | | , | |
| ι | | | PRO SE DE | BTOR(S) | | |
| All individuals filing for ba | · · · · · · · · · · · · · · · · · · · | | | | the following informatio | n: |
| Name of Debtor(s): Address: Email Address: Phone Number: | Ha Shan Sh | nsik. Ac A sik @ g 380 -580 | park portwa mail.cou | Shing ton | NY 1105D | |
| CHECK THE APPROPRIA FILING FEE: PAID THE FILING APPLIED FOR INS | FEE IN FU | JLL T PAYMENT | | | | |
| PREVIOUS CASES FILE | E D : 1 | | 2 | | 3 | |
| ASSISTANCE WITH PA NO ASSISTANCE HAD ASSISTANCE HAD ASSISTANCE If Debtor had assistance, the | WITH PRICE WITH PI | EPARATION REPARATION information m | OF/FILING | PETITION A | | |
| Address: Phone Number: | | (|) | | | |
| Amount Paid for As | sistance: | \$ | | | | |
| I/We hereby declare the info | ormation ab | ove under the | penalty of perj | ury. | | |
| Dated: 7/30 / 19 | | | Debtor's | Signature | M | |
| | | | Joint De | btor's Signa | ture | |

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

| | V |
|--|---|
| In Re: | , |
| Hansik Park | Case No. |
| | Chapter 7 |
| Debtor(s) | |
| | Х |
| VERIFICATION OF CREDIT | OR MATRIX/LIST OF CREDITORS |
| The undersigned debtor(s) or creditor matrix/list of creditors submitted he knowledge. | r attorney for the debtor(s) hereby verifies that the erein is true and correct to the best of his or her |
| Dated: July 29, 2019 | |
| | Débtor |
| · | Joint Debtor |
| | Attorney for Debtor |

Wilmington Savings Fund

500 Delaware Avenue

Wilmington, DE 19801

| riii iir iiiis i | nformation to ide | antiny your case. | | |
|--------------------------------|------------------------|------------------------------|-----------|---|
| Debtor 1 | hansik park First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse, if filing | Firet Name | Middle Name | Last Name | _ |
| - | , | r the: Eastern District of N | | |
| United States | Bankruptcy Court for | rine: Eastern District of N | iew rork | |
| Case number | | | | |

| Check one box only as directed in this form and in Form 122A-1Supp: |
|---|
| ☐ 1. There is no presumption of abuse. |
| 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A–2). |
| 3. The Means Test does not apply now because of qualified military service but it could apply later. |

☐ Check if this is an amended filing

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

| Pá | rt 1: Calculate Your Current Monthly Income | 2 | | | | | | | |
|----|--|---|---------------------|--|--|--|--|--|--|
| 1. | What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11. Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11. | | | | | | | | |
| | ☐ Married and your spouse is NOT filing with you. Y | You and your spouse are: | | | | | | | |
| | Living in the same household and are not leg | gally separated. Fill out both Colur | mns A and B, lines | 2-11. | | | | | |
| | Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B). | | | | | | | | |
| | Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. | | | | | | | | |
| | | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | | | | | |
| 2. | Your gross wages, salary, tips, bonuses, overtime, ar (before all payroll deductions). | nd commissions | \$ <u>1,000.0</u> 0 | \$ | | | | | |
| 3. | Alimony and maintenance payments. Do not include poculumn B is filled in. | payments from a spouse if | \$0.00 | \$ | | | | | |
| 4. | All amounts from any source which are regularly paid of you or your dependents, including child support. In from an unmarried partner, members of your household, and roommates. Include regular contributions from a spot filled in. Do not include payments you listed on line 3. | Include regular contributions your dependents, parents, | \$0.00 | \$ | | | | | |
| 5. | Net income from operating a business, profession, or farm Gross receipts (before all deductions) | Debtor 1 Debtor 2 \$ \$ | | | | | | | |
| | Ordinary and necessary operating expenses | - \$ \$ | | | | | | | |
| | Net monthly income from a business, profession, or farm | 0.00 \$ Copy here→ | \$0.00 | \$ | | | | | |
| 6. | Net income from rental and other real property Gross receipts (before all deductions) | Debtor 1 Debtor 2 \$ \$ | | | | | | | |
| | Ordinary and necessary operating expenses | - \$ \$ Copy | 0.05 | _ | | | | | |
| | Net monthly income from rental or other real property | \$_0.00 \$here→ | \$ <u>0.0</u> 0 | \$ | | | | | |
| 7. | Interest, dividends, and royalties | | \$ <u>0.0</u> 0 | \$ | | | | | |

| Debtor 1 | nansik park irst Name Middle Name Last Name | | Case numb | er (if known) | | |
|--|---|--|------------------|--|--|--|
| delitario consecución | | | Column Debtor | | Column B Debtor 2 or non-filing spouse | |
| 8. Unemploy | yment compensation | | \$ | 0.00 | \$ | |
| Do not en under the | ter the amount if you contend that the amount re Social Security Act. Instead, list it here: | v | · | | | |
| For you | ır spouse | \$ | | | | |
| | or retirement income. Do not include any amo ider the Social Security Act. | unt received that was a | \$ | 0.00 | \$ | |
| Do not inc | rom all other sources not listed above. Speci clude any benefits received under the Social Se n of a war crime, a crime against humanity, or ir If necessary, list other sources on a separate p | curity Act or payments receive ternational or domestic | ed | | | |
| - Control of the Cont | | | \$ | 0.00 | \$ | |
| | | | \$ | 0.00 | \$ | |
| Total am | ounts from separate pages, if any. | | + \$ | 0.00 | + \$ | |
| | your total current monthly income. Add lines then add the total for Column A to the total for Column A to the total for C | | S | | + \$ | \$ 1,000.00 Total current monthly income |
| Part 2: Do | etermine Whether the Means Test App | lies to You | | | | |
| | your current monthly income for the year. F | | | | godention | no ann a Gailleann ann a tha 18 An 18 A |
| 12а. Сор | by your total current monthly income from line 1 | 1 | | Co | py line 11 here | \$ <u>1,000.00</u> |
| Mul | tiply by 12 (the number of months in a year). | | | | gentones | x 12 |
| 12b. The | result is your annual income for this part of the | form. | | | 12b. | \$_12,000.00 |
| 13. Calculate | the median family income that applies to yo | u. Follow these steps: | | | | |
| Fill in the | state in which you live. | New York | | | | |
| Fill in the r | number of people in your household. | 1 | | | <u></u> | |
| To find a li | median family income for your state and size of ist of applicable median income amounts, go or is for this form. This list may also be available a | nline using the link specified in | n the separa | | 13. | <u>\$_12,000.00</u> |
| 14. How do th | ne lines compare? | | | | | |
| | ine 12b is less than or equal to line 13. On the t So to Part 3. | op of page 1, check box 1, The | here is no pi | resumptio | n of abuse. | |
| 14b. 🗖 L | ine 12b is more than line 13. On the top of page Go to Part 3 and fill out Form 122A-2. | e 1, check box 2, The presum | ption of abu | se is dete | rmined by Form 122A | -2. |
| Part 3: S | ign Below | | | | | |
| Ву | signing here, I declare under penalty of perjury | that the information on this s | statement ar | nd in any a | attachments is true an | d correct. |
| * | Pall1 | × | | | | |
| 6 | Signature of Debtor 1 | S | ignature of De | ebtor 2 | | |
| | Date 07/29/2016 MM / DD / YYYY | D | ate |) / YYYY | _ | |
| | | Form 199A 9 | | | | |
| | If you checked line 14a, do NOT fill out or file l | | | | | |
| | If you checked line 14b, fill out Form 122A-2 a | and me it with this torm. | | non-community and interest and community | | and distributed a millioned and the major of the million of the special property and the million of the state |

| Debtor 1 hansik park | Check the appropriate box as directed in lines 40 or 42: According to the calculations required by this Statement: 1. There is no presumption of abuse. 2. There is a presumption of abuse. |
|--|--|
| Official Form 122A-2 Chapter 7 Means Test Calculation | 04/19 |
| To fill out this form, you will need your completed copy of Chapter 7 State | |
| | together, both are equally responsible for being accurate. If more space |
| Copy your total current monthly income | Copy line 11 from Official Form 122A-1 here |
| 2. Did you fill out Column B in Part 1 of Form 122A-1? | |
| No. Fill in \$0 for the total on line 3. | |
| Yes. Is your spouse filing with you? | |
| ☐ No. Go to line 3. | |
| Yes. Fill in \$0 for the total on line 3. | |
| 3. Adjust your current monthly income by subtracting any part of your shousehold expenses of you or your dependents. Follow these steps: On line 11, Column B of Form 122A–1, was any amount of the income you regularly used for the household expenses of you or your dependents? ✓ No. Fill in 0 for the total on line 3. Yes. Fill in the information below: | |
| State each purpose for which the income was used For example, the income is used to pay your spouse's tax debt or to support people other than you or your dependents | Fill in the amount you are subtracting from your spouse's income |
| | \$ |
| | \$ |
| | <u> </u> |
| | + \$ |
| Total | \$ 1,000.00 Copy total here → -\$ 1,000.00 |
| 4. Adjust your current monthly income. Subtract the total on line 3 from line | |

Case number (if known)____

| | | First Name | Middle Name | Last Name | | | | |
|--|--|-------------------------------------|---|---|---|---|-----------------|--------|
| art 2 | 21 | Calculate ` | Your Deductions | from Your Income | | | | |
| ansv | The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office. | | | | | | | |
| actua | Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of Form 122A–1. | | | | | | | |
| lf you | If your expenses differ from month to month, enter the average expense. | | | | | | | |
| Whenever this part of the form refers to you, it means both you and your spouse if Column B of Form 122A–1 is filled in. | | | | | | | | |
| 5. | The | number of pe | ople used in determ | ining your deductions from | ncome | | | |
| | plus | the number of | | e claimed as exemptions on yo dents whom you support. This | | | 1 | |
| Nat | tion | al Standards | You must use the | e IRS National Standards to an | swer the question | s in lines 6-7. | | |
| | | | n d other items: Usino t for food, clothing, ar | y the number of people you end and other items. | ered in line 5 and | the IRS National Stand | dards, fill | \$0.00 |
| | fill ir und | n the dollar amo er 65 and peopl | unt for out-of-pocket le who are 65 or olde | Using the number of people you health care. The number of per-because older people have a mount, you may deduct the | ople is split into tv a higher IRS allov | vo categories—people vance for health care c | who are | |
| | Peo | ple who are ur | nder 65 years of age | | | | | |
| | 7a. | Out-of-pocket | health care allowance | e per person \$0.0 | <u>0</u> | | | |
| , | 7b. | Number of peo | ople who are under 6 | x <u>0</u> | | | | |
| • | 7c. | Subtotal. Mult | iply line 7a by line 7b | . \$ <u>0.0</u> | O Copy here→ | \$0.00 | | |
| | Pe | ople who are 6 | 5 years of age or ol | der | | | | |
| Ž | 7d. | Out-of-pocket | heaith care allowance | e per person \$0.0 | <u>0</u> | | | |
| ; | 7e. | Number of peo | pple who are 65 or old | der x 0 | | | | |
| 7 | 7f. | Subtotal. Mult | iply line 7d by line 7e | . \$ <u>0.0</u> | O Copy here→ | + \$ 0.00 | | |
| 7 | 7g. | Total. Add line | es 7c and 7f | | | \$0.00 | Copy total here | \$0.00 |

hansik park

Debtor 1

| Debtor 1 | hansik par First Name | K Middle Name | Last Name | | Case number (| if known) | | |
|----------------------|---|--|---|---|-------------------------------------|-----------------------------|--|---|
| Local S | tandards | You must use the | e IRS Local Standards to | answer the questions i | n lines 8-15. | | дь ор остигной дом на манен обой в в том обой в 100 до 60 гм в 18 марой в 1800 до 600 до 1800 до 1800 до 1800 до | |
| | | n from the IRS, the into two parts: | e U.S. Trustee Progran | n has divided the IRS | Local Standa | rd for housing for | | |
| | | es – Insurance a es – Mortgage or | nd operating expenses r rent expenses | | | | | |
| To ansv | wer the question | ons in lines 8-9, r | use the U.S. Trustee Pr | ogram chart. | | | | |
| | | | specified in the separate ankruptcy clerk's office. | e instructions for this for | rm. | | | |
| | | | and operating expenses or insurance and operatin | | | | | |
| 9. Hous | sing and utiliti | ies – Mortgage o | r rent expenses: | | | | | |
| | | | entered in line 5, fill in the ent expenses | | | \$ | | |
| 9b. T | otal average m | onthly payment fo | or all mortgages and othe | er debts secured by you | ır home. | | | |
| C | ontractually du | | nthly payment, add all ar I creditor in the 60 month | | | | | |
| | Name of the cre | editor | | Average monthly payment | | | | |
| | | | | \$ | | | | |
| | | | | \$ | | | | |
| | | | | + \$ | | | | |
| | | Total aver | age monthly payment | \$_4,500.00 | Copy here | \$4,500.00 | Repeat this amount on line 33a. | |
| 9 | Subtract line 9t | or rent expense. o (<i>total average m</i> If this amount is le | onthly payment) from line ess than \$0, enter \$0 | e 9a (<i>mortgage or</i> | | \$ | Copy \$ | |
| 10. If you the ca | ı claim that the alculation of y | e U.S. Trustee Pi our monthly exp | rogram's division of the enses, fill in any additi | e IRS Local Standard f onal amount you clair | for housing is n. | incorrect and aff | fects \$ | - |
| Expla why: | | **** | | | | | | |
| | transportation O. Go to line 14 1. Go to line 12 2 or more. Go t | ·. | ck the number of vehicle | s for which you claim a | n ownership o | r operating expens | e. | |
| 12. Vehic opera | cle operation e iting expenses, | expense: Using the fill in the Operation | ne IRS Local Standards ang Costs that apply for yo | and the number of vehic our Census region or m | cles for which y etropolitan sta | ou claim the tistical area. | \$ | |

| Debtor 1 hansik park | | Case number (if known) | | | | |
|----------------------------|---|--|--|--|--|--|
| | First Name Middle Name Last Name | | | | | |
| for ea | | S Local Standards, calculate the net ownership or lease expense se if you do not make any loan or lease payments on the vehicle. chan two vehicles. | nakana akun ken salah akhirka libir di | | | |
| Vehic | cle 1 Describe Vehicle 1: | | | | | |
| 13a. | Ownership or leasing costs using IRS Local State | ndard\$ | | | | |
| 13b. | Average monthly payment for all debts secured | by Vehicle 1. | | | | |
| | Do not include costs for leased vehicles. | 1 1 10 10 11 | | | | |
| | To calculate the average monthly payment here amounts that are contractually due to each secu after you filed for bankruptcy. Then divide by 60. | ured creditor in the 60 months | | | | |
| | Name of each creditor for Vehicle 1 | Average monthly payment | | | | |
| | | | | | | |
| | | _ + \$ | | | | |
| | | Repeat this | | | | |
| | Total average monthly payment | | | | | |
| | | | | | | |
| 13c. l | Net Vehicle 1 ownership or lease expense | Copy net Vehicle 1 | | | | |
| 5 | Subtract line 13b from line 13a. If this amount is l | less than \$0, enter \$0 \$ expense here \$ | | | | |
| | | A STATE OF THE PARTY OF THE PAR | Market Control | | | |
| | | | | | | |
| Vehic | le 2 Describe Vehicle 2: | | | | | |
| | | | | | | |
| 124 | Ownership or leasing costs using IRS Local Star | ndard | | | | |
| | | | | | | |
| | Average monthly payment for all debts secured to not include costs for leased vehicles. | by Vehicle 2. | | | | |
| | Name of each creditor for Vehicle 2 | Average monthly payment | | | | |
| | | | | | | |
| | | | | | | |
| | | _ | | | | |
| | | - + \$ | | | | |
| | Total average monthly payment | t \$ 0 Copy here \$ 0 Repeat this amount on line 33c. | | | | |
| | | Copy net | | | | |
| | Net Vehicle 2 ownership or lease expense | Vehicle 2 expense | | | | |
| ٤ | Subtract line 13e from 13d. If this amount is less t | than \$0, enter \$0 | | | | |
| | A second | slee in line 11. Uning the IDC Local Standards fill in the | | | | |
| l. Public <i>Public</i> | transportation expense: If you claimed 0 vehic Transportation expense allowance regardless of | cles in line 11, using the IRS Local Standards, fill in the f whether you use public transportation. | | | | |
| | | | | | | |
| . Additi | onal public transportation expense: If you clai | imed 1 or more vehicles in line 11 and if you claim that you may also what you believe is the appropriate expense, but you may not claim | | | | |
| more t | han the IRS Local Standard for <i>Public Transport</i> a | tation. | | | | |

| Debtor : | | hansik park | Case number (if known) | |
|----------|----------------------------------|---|---|--|
| | i | First Name Middle Na | me Last Name | |
| Oth | her Nec | essary Expenses | In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories. | |
| | employ pay for subtrac | ment taxes, Social S these taxes. However to that number from the | mount that you will actually owe for federal, state and local taxes, such as income taxes, self- Security taxes, and Medicare taxes. You may include the monthly amount withheld from your er, if you expect to receive a tax refund, you must divide the expected refund by 12 and he total monthly amount that is withheld to pay for taxes. | \$ |
| | וטו וטנ | include real estate, s | sales, of use taxes. | |
| | | ntary deductions: T lues, and uniform co | the total monthly payroll deductions that your job requires, such as retirement contributions, sts. | |
| | Do not | include amounts tha | t are not required by your job, such as voluntary 401(k) contributions or payroll savings. | \$ |
| | togethe | r, include payments | nonthly premiums that you pay for your own term life insurance. If two married people are filing that you make for your spouse's term life insurance. Do not include premiums for life nts, for a non-filing spouse's life insurance, or for any form of life insurance other than term. | \$ |
| | agency | , such as spousal or | The total monthly amount that you pay as required by the order of a court or administrative child support payments. | \$ |
| | Do not | include payments on | past due obligations for spousal or child support. You will list these obligations in line 35. | - |
| | | ion: The total month condition for your job | ly amount that you pay for education that is either required: o, or | |
| I | ■ for yo | our physically or mer | ntally challenged dependent child if no public education is available for similar services. | \$ |
| | | | y amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. any elementary or secondary school education. | \$ |
| i İ | is requii health s | red for the health and avings account. Incl | denses, excluding insurance costs: The monthly amount that you pay for health care that diverge welfare of you or your dependents and that is not reimbursed by insurance or paid by a ude only the amount that is more than the total entered in line 7. since or health savings accounts should be listed only in line 25. | \$ |
|) S | you and service, is not re | your dependents, s to the extent necess imbursed by your er | • • | + \$ |
| | | | basic home telephone, internet and cell phone service. Do not include self-employment borted on line 5 of Official Form 122A-1, or any amount you previously deducted. | |
| | | • | lowed under the IRS expense allowances. | \$ |
| , | Add line | s 6 through 23. | | Europe descriptions recursive annual content and an animal content and animal content animal content and animal content and animal content and animal content animal content animal content and animal content animal content animal content animal content and animal content anima |
| | | | | |
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| | hansik park | | e number (if known) | |
|--------------------------|---|---|--|-------------------|
| | First Name Middle Name | Last Name | | |
| Addit | ional Expense Deductions | These are additional deductions allowed by the Means <i>Note</i> : Do not include any expense allowances listed in | | |
| ins | ealth insurance, disability insurance, disability insurance, appendents. | urance, and health savings account expenses. The mealth savings accounts that are reasonably necessar | nonthly expenses for health ry for yourself, your spouse, or your | |
| He | ealth insurance | \$0.00 | | |
| Di | sability insurance | \$0.00 | | |
| Н | ealth savings account | + \$0 | | |
| To | otal | \$ <u>00</u> c | opy total here | \$ 00 |
| Do | you actually spend this total | imount? | | |
| <u></u> | No. How much do you actual Yes | y spend? \$ | | |
| cor hot | ntinue to pay for the reasonablusehold or member of your imi | e care of household or family members. The actual more and necessary care and support of an elderly, chronical nediate family who is unable to pay for such expenses. The ualified ABLE program. 26 U.S.C. § 529A(b). | lly ill, or disabled member of your | \$0.00 |
| you | and your family under the Fa | nce. The reasonably necessary monthly expenses that you nily Violence Prevention and Services Act or other federal ature of these expenses confidential. | | \$0.00 |
| lf y 8, t You | ou believe that you have home hen fill in the excess amount o | locumentation of your actual expenses, and you must she | included in expenses on line | \$ <u>250</u> .00 |
| per ele You rea | child) that you pay for your de mentary or secondary school. I must give your case trustee of sonable and necessary and ne | dent children who are younger than 18. The monthly ependent children who are younger than 18 years old to at ocumentation of your actual expenses, and you must expensely accounted for in lines 6-23. | ttend a private or public plain why the amount claimed is | \$0.00 |
| * (| Subject to adjustment on 4/01/ | 22, and every 3 years after that for cases begun on or after | er the date of adjustment. | |
| tha foo | n the combined food and cloth d and clothing allowances in th find a chart showing the maxir | kpense. The monthly amount by which your actual food a ng allowances in the IRS National Standards. That amou e IRS National Standards. hum additional allowance, go online using the link specific evailable at the bankruptcy clerk's office. | unt cannot be more than 5% of the | \$200.00 |
| this | | amount claimed is reasonable and necessary. | | |
| this You 31. Co | rmust show that the additiona | | the form of cash or financial | + \$0.00 |

Case number (if known)_

| | First name widdle name | cast iyame | | | | | | |
|-------------------|---|---|----------------------------------|---|--|--|--------------------|---|
| Deducti | ions for Debt Payment | | | ССС (ССС) (| | ulanderreland für eine Vertreland von der Vertreland von Vertrelan | alat Eleva (-) | aagrops ang ga seminasaannamaanaks diibbilin a Mid-Baahinbilin (1906) |
| | debts that are secured by a | | | luding home mo | ortgages, | vehicle | | |
| То са | s, and other secured debt, alculate the total average mo itor in the 60 months after yo | onthly payment, add all amo | unts that are co | ontractually due t | o each se | cured | | |
| | | | | | Averag | e monthly | | |
| | Mortgages on your home | | | | payme | | | |
| 33a. | Copy line 9b here | | | ≯ | \$ | 4,500.00 | | |
| | Loans on your first two v | /ehicles: | | | | | | |
| 33b. | Copy line 13b here | | | > | \$ | 0.00 | | |
| 33c. | Copy line 13e here | | | | \$ | 0 | | |
| 33d. | List other secured debts: | | | | | | | |
| | Name of each creditor for o | other Identify prope secures the d | | Does payment include taxes or insurance? | | | | |
| | | | | ☐ No ☐ Yes | \$ | 0.00 | | |
| | | | | □ No □ Yes | \$ | 0.00 | | |
| | | | | □ No □ Yes | + \$ | 0.00 | | |
| 33e. To | otal average monthly payme | nt. Add lines 33a through 33 | 3d | | \$ | 4,500.00 | Copy total | \$4,500.00 |
| | ny debts that you listed in her property necessary for | | | | | | | |
| ✓ N | lo. Go to line 35. | | | | | | | |
| ☐ Y | | ou must pay to a creditor, in cossession of your property I in the information below. | addition to the (called the cure | payments e <i>amount</i>). | | | | |
| | Name of the creditor | Identify property that secures the debt | Total cure amount | | Month amour | ily cure nt | | |
| | | _ | \$ | ÷ 60 = | \$ | | | |
| | | | \$ | ÷ 60 = | \$ | | | |
| | | | \$ | ÷ 60 = | + \$ | | | |
| | | | | Total | \$ | | Copy total here | \$ |
| 35. Do v o | ou owe any priority claims | such as a priority tax, chi | ld support, or | alimony – | The conservation of the telephone of telephone of the telephone of telephone of the telephone of tele | te deletiti vivoleti oʻtavleri e'rasi doʻrdi oʻrdinin nimo i perilikti si nimeli | 8 | |
| _ | are past due as of the filing | date of your bankruptcy | case? 11 U.S.0 | C. § 507. | | | | |
| | o. Go to line 36. es. Fill in the total amount of | | | current or | | | | |
| | | uch as those you listed in lir | | | • \$ | | ÷ 60 = | \$ |
| | | | | | | | | ¥ |

hansik park

Debtor 1

| Debtor 1 | hansik park First Name Middle Name Last Name | Case | number (if known) | |
|-----------------------|---|---|--|--------------------|
| | riist Name Middle Name Last Name | | | |
| Fo | re you eligible to file a case under Chapter 13? 11 or more information, go online using the link for <i>Bankı</i> structions for this form. <i>Bankruptcy Basics</i> may also be | ruptcy Basics specified in the sepa | | |
| | No. Go to line 37. | | | |
| | Yes. Fill in the following information. | | | |
| | Projected monthly plan payment if you were filing | ng under Chapter 13 | \$ | |
| | Current multiplier for your district as stated on t Administrative Office of the United States Cour North Carolina) or by the Executive Office for U other districts). | ts (for districts in Alabama and | x | |
| | To find a list of district multipliers that includes link specified in the separate instructions for thi available at the bankruptcy clerk's office. | | | orang. |
| | Average monthly administrative expense if you | were filing under Chapter 13 | \$ | Copy total \$ |
| 37. Add Add | all of the deductions for debt payment. lines 33e through 36 | | | \$ |
| Total De | eductions from Income | | | |
| 38. Add | all of the allowed deductions. | | | |
| | line 24, All of the expenses allowed under IRS nse allowances | \$ | | |
| Сору | line 32, All of the additional expense deductions | \$ | | |
| Сору | line 37, All of the deductions for debt payment | + \$ | | |
| | Total deductions | \$ C | opy total here | ≯ \$ |
| Part 3: | Determine Whether There Is a Presump | tion of Abuse | | |
| 39. Calc | ulate monthly disposable income for 60 months | | | |
| 39a. | Copy line 4, adjusted current monthly income | \$1,000.00 | | |
| 39b. | Copy line 38, Total deductions | - \$ | | |
| 39c. | Monthly disposable income. 11 U.S.C. § 707(b)(2). Subtract line 39b from line 39a. | ; C | opy ere → \$ | |
| | For the next 60 months (5 years) | Подминута в общения выполнения в серения и пред в общения выда одина по марта у общения в нада ставительной от ответи | x 60 | |
| 39d. | Total. Multiply line 39c by 60 | | \$ | Copy here \$ |
| | | | Beginned to will be discussed and the second state of the second s | danserFebruseestal |
| 40. Find | out whether there is a presumption of abuse. Che | eck the box that applies: | | |
| _ | he line 39d is less than \$8,175*. On the top of page art 5. | e 1 of this form, check box 1, There | e is no presumption of al | ouse. Go to |
| | he line 39d is more than \$13,650*. On the top of pa ay fill out Part 4 if you claim special circumstances. | | ere is a presumption of a | abuse. You |
| □ т | he line 39d is at least \$8,175*, but not more than \$ | \$13,650*. Go to line 41. | | |
| * | Subject to adjustment on 4/01/22, and every 3 years | s after that for cases filed on or after | er the date of adjustmen | ıt. |

| Debtor 1 | hansik park First Name Middle Name | Last Name | Case number (if known) | | | | | |
|--------------|--|---|---|---|--|---|--|--|
| 41. 41a. | Summary of Your Assets and | otal nonpriority unsecured de d Liabilities and Certain Statistic may refer to line 3b on that form | al Information Schedules | s | tion not the design of the second | schille side gibt von des schilde verfüllige geben wirk des den den des | ###################################### | |
| 4 1b | | ity unsecured debt. 11 U.S.C. | | x .25 | Copy - here→ | \$ | 0.00 | |
| is ei Che | nough to pay 25% of your un ck the box that applies: Line 39d is less than line 41b | ou have left over after subtractive secured, nonpriority debt. b. On the top of page 1 of this for | | resumption of abuse. | Se | | | |
| | | than line 41b. On the top of pag 4 if you claim special circumstar | | There is a presumptio | n | | | |
| Part 4: | Give Details About Spe have any special circumstan able alternative? 11 U.S.C. § | ces that justify additional exp | enses or adjustments of cur | rent monthly income | o for which t | here is no | | |
| ☐ No. | Go to Part 5. Fill in the following information | n. All figures should reflect your le expenses you listed in line 25 | | ncome adjustment | | | | |
| | You must give a detailed expl adjustments necessary and re expenses or income adjustme | anation of the special circumstal asonable. You must also give y nts. | nces that make the expenses of our case trustee documentatio | n of your actual | | | | |
| | Give a detailed explanation of t | he special circumstances | | Average monthl or income adjus \$ \$ \$ | | | | |
| Part 5: | Sign Below | | | \$ | | , , , , , , | | |
| ı | By signing here, I declare under | er penalty of perjury that the info | rmation on this statement and | in any attachments is | true and con | rect. | | |
| La constante | Signature of Debtor 1 | :/ | Signature of Debtor 2 | | | | | |
| | Date 07/29/2016 MM / DD / YYYY | / | Date | YY | | | | |